

UNIVERSITÉ DU QUÉBEC À MONTRÉAL

A CORRELATIONAL EXAMINATION OF ACCULTURATION ORIENTATIONS,  
PERCEIVED SELF-EFFICACY AND MULTICULTURAL COMPETENCIES ON THE  
THERAPEUTIC ALLIANCE OF PSYCHOTHERAPY DYADS

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LINA DIGENOVA

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UNE ANALYSE CORRÉLATIONNELLE DES ORIENTATIONS D'ACCULTURATION,  
DES PERCEPTIONS D'AUTO-EFFICACITÉ ET DES COMPÉTENCES  
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PSYCHOTHÉRAPEUTE

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COMME EXIGENCE PARTIELLE DU  
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## AVERTISSEMENT

Dans cette thèse, le genre masculin est utilisé à titre épïcène partout où le contexte le permet et dans l'unique but de faciliter la lecture du texte.

Considérant que la doctorante a effectué ses études primaires, secondaires et études post-secondaires en anglais au Cégep Marianopolis, à l'université McGill et à l'université Saint Mary's, le Sous-comité d'admission et d'évaluation des programmes d'études de cycles supérieurs du département de psychologie lui a octroyé l'autorisation de rédiger la présente thèse en anglais.

## TABLE DES MATIÈRES

LISTE DES FIGURES .....	v
LISTE DES TABLEAUX .....	vii
RÉSUMÉ (FRANÇAIS).....	xi
RÉSUMÉ (ANGLAIS).....	xiii
CHAPITRE I :	
INTRODUCTION GÉNÉRALE.....	1
1.1 Introduction .....	1
1.2 Providing Inclusive Psychological Services in a Multicultural Context .....	1
1.3 Introduction of Dissertation Research Goals .....	2
1.4 Effective Psychologists / Therapists who Practice in Multicultural Settings .....	3
1.5 Psychologist Self-efficacy Related to Working in a Multicultural Context .....	3
1.6 Multicultural Competencies .....	4
1.7 Why are Multicultural Competencies Important? .....	5
1.8 Multicultural Competencies: Psychologist and Client Perspectives .....	7
1.9 Defining Effective Psychotherapy in a Multicultural Context .....	7
1.10 First Common Factor: The Working Alliance .....	8
1.11 Second Common Factor: Worldview Understanding .....	9
1.12 Research Findings on the Impact of Worldview Understanding on Psychotherapeutic Success .....	9
1.13 Acculturation .....	10
1.14 Why is Acculturation Important? .....	11
1.15 The Interactive Acculturation Model .....	11
1.16 Practical Applications of the IAM in a Multicultural Psychotherapeutic Context .....	18
1.17 Summary and Conclusions .....	19
1.18 Presentation of the Research .....	19
1.19 Research Outline for Study One .....	19
1.20 Research Outline for Study Two .....	21

## CHAPITRE II:

ÉTUDE 1 .....	24
2.1 Study 1 Overview .....	24
2.2 Hypotheses .....	25
2.3 Method .....	26
2.4 Results .....	31
2.5 Discussion .....	49
2.6 Conclusion .....	52

## CHAPITRE III:

ÉTUDE 2.....	54
3.1 Hypotheses .....	54
3.2 Method .....	56
3.2.1 Psychologist Measures .....	58
3.2.2 Client Measures .....	62
3.3 Results .....	64
3.4 Discussion .....	96
3.5 Conclusion .....	104

## CHAPITRE IV:

DISCUSSION GÉNÉRALE .....	106
4.1 Overview .....	106
4.2 Original Contribution .....	106
4.3 Implications .....	107
4.4 Limitations .....	111
4.5 Future Research .....	113
4.6 Conclusion .....	114

## APPENDICE A

Liste de compétences multiculturelles .....	115
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## APPENDICE B

Lettre de recrutement pour institutions (anglais et français) .....	120
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## APPENDICE C

Questionnaire étude 1 -version en anglais .....	126
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APPENDICE D	
Questionnaire étude 1 -traduction française .....	139
APPENDICE E	
Étude 2 lettre de recrutement –clients .....	154
APPENDICE F	
Lettre de consentement – clients .....	156
APPENDICE G	
Questionnaire étude 2 – clients .....	159
APPENDICE H	
Lettre de consentement – psychologues / psychothérapeutes .....	168
APPENDICE I	
Questionnaire étude 2 – psychologues / psychothérapeutes .....	171
RÉFÉRENCES .....	186

## LISTE DES FIGURES

Figure	Page
CHAPITRE I	
1. Interactive Acculturation Model .....	12
2. Bidimensional Model of Immigrant Acculturation Orientations .....	14
3. Bidimensional Model of Host Community Acculturation Orientations .....	15
4. Relational Outcomes of Host and Immigrant Acculturation Orientations: The Interactive Acculturation Model .....	17
5. Moderated Model of Therapist - Client Psychotherapeutic Working Relationship .....	22
CHAPITRE III	
1. Moderated Model of Psychotherapy Dyad Working Relationship from the Therapist Perspective .....	84
2. Interaction of Multicultural Competence (MCI-R Overall) from the Psychologist Perspective x Culture Integrationist Psychotherapy Dyad Score Difference on the Working Alliance .....	86
3. Interaction of Multicultural Competence (MCI-R Overall) from the Psychologist Perspective x Values Integrationist Psychotherapy Dyad Score Difference on the Working Alliance .....	86
4. Interaction of Multicultural Competence (CCCI-R Overall) from the Psychologist Perspective x Culture Integrationist Psychotherapy Dyad Score Difference on the Working Alliance .....	88
5. Interaction of Multicultural Competence (CCCI-R Overall) from the Psychologist Perspective x Values Integrationist Psychotherapy Dyad Score Difference on the Working Alliance .....	88
6. Moderated Model of Psychotherapy Dyad Working Relationship from the Client Perspective .....	91
7. Interaction of Multicultural Competence (CCCI-R Overall) from the Client Perspective x Values Integrationist Psychotherapy Dyad Score Difference on the Working Alliance.....	93

8. Interaction of Multicultural Competence (CCCI-R Overall) from the Client Perspective x Values Individualist Psychotherapy Dyad Score Difference on the Working Alliance .....	95
--	----



## LISTE DES TABLEAUX

Tableau	Page
CHAPITRE II	
1. Professional Experience of Participants (N = 201) .....	27
2. Cultural Demographic of Respondents' Clientele (N = 201).....	33
3. Social Desirability by Integrationist and Individualist Domains (N = 201) ...	33
4. Mean and Standard Deviations for Acculturation Orientations per Domain (N = 201).....	34
5. Predictor Variables in Discriminant Function Analysis for Integrationist and Individualist Acculturation Orientations per Domain (N=201) .....	34
6. Classification Analysis for the Integrationist Acculturation Orientation per Domain (N=201) .....	35
7. Classification Analysis for the Integrationist Acculturation Orientation per Domain (N=201) .....	35
8. Means and Standard Deviations for Multicultural Competence using the MCI-R and CCCI-R and their Respective Subscales (N = 201).....	37
9. Predictor Variables in Discriminant Function Analysis for Multicultural Competence (N=201) .....	37
10. Classification Analysis for Multicultural Competence using the Multicultural Counseling Inventory - Revised (MCI-R) – (N = 201) .....	38
11. Classification Analysis for Multicultural Competence using the Cross- Cultural Competence Inventory – Revised (CCCI-R) – (N = 201) .....	38
12. Multicultural Competence Means and Standard Deviations for High Integrationists per Domain .....	40
13. Multicultural Competence Correlations for High Integrationists in the Culture Domain (n = 150) .....	40
14. Multicultural Competence Correlations for High Integrationists in the Values Domain (n = 119) .....	41
15. Multicultural Competence Correlations for High Integrationists in the Employment Domain (n = 147) .....	42
16. Regression Analyses for Integrationists per Domain .....	43

17. Multicultural Competence Means and Standard Deviations for High Individualists per Domain .....	44
18. Multicultural Competence Correlations High Individualists per in the Culture Domain (n=92) .....	45
19. Multicultural Competence Correlations for High Individualists in the Values Domain (n = 32) .....	45
20. Multicultural Competence Correlations for High Individualists in the Employment Domain (n = 160) .....	46
21. Regression Analyses for Individualists per Domain .....	47
22. Self-efficacy Correlations with Multicultural Competence using the MCI-R (n = 94) .....	48
23. Self-efficacy Correlations with Multicultural Competence using the CCCI-R (n = 46) .....	49
24. Self-efficacy Regression Analyses with Multicultural Competence with the MCI-R (n = 94) and CCCI-R (n = 46) .....	49
<b>CHAPITRE III</b>	
1. Mean and Standard Deviations of Psychologists' Acculturation Orientations per Domain (N=14) .....	67
2. Mean and Standard Deviations of Clients' Acculturation Orientations per Domain (N=32) .....	67
3. Means and Standard Deviations of Psychologist Self-Reported Multicultural Competencies using the MCI-R and the CCCI-R (N = 14) .....	68
4. Means and Standard Deviations of Client Perceptions of Psychologists' Multicultural Competencies using the Cross-Cultural Competency Inventory-Revised (N = 32) .....	69
5. Means and Standard Deviations of the Working Alliance from the Perspective of Clients and Psychologists (N = 32) .....	70
6. Psychologist Self-Reported Perceived Self-Efficacy Correlations with Multicultural Competencies (N = 32) .....	72



7. Regression Analyses for Self-Reported Perceived Self-Efficacy and Multicultural Competencies of Psychologists (N =32).....	73
8. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Integrationist Psychotherapy Dyad Score Differences for the Culture Domain (Low: n =19; High: n = 13) .....	74
9. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Integrationist Psychotherapy Dyad Score Differences for the Values Domain (Low: n =17; High: n = 15) .....	75
10. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Integrationist Psychotherapy Dyad Score Differences for the Employment Domain (Low: n =17; High: n = 15) .....	76
11. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Individualist Psychotherapy Dyad Score Differences for the Culture Domain (Low: n =13; High: n = 19) .....	77
12. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Individualist Psychotherapy Dyad Score Differences for the Values Domain (Low: n =14; High: n = 18) .....	78
13. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Individualist Psychotherapy Dyad Score Differences for the Employment Domain (Low: n = 8; High: n = 24) .....	79
14. Integrationist Correlations for the Culture Domain (Low: n = 19; High: n=13) and Client Ratings of the Working Alliance .....	80
15. Integrationist Correlations for the Values Domain (Low: n = 17; High: n=15) and Client Ratings of the Working Alliance .....	81
16. Integrationist Correlations for the Employment Domain (Low: n = 17; High: n=15) and Client Ratings of the Working Alliance.....	81
17. Individualist Correlations for the Culture Domain (Low: n = 13; High: n=19) and Client Ratings of the Working Alliance .....	82
18. Individualist Correlations for the Values Domain (Low: n = 14; High: n=18) and Client Ratings of the Working Alliance .....	83



19. Individualist Correlations for the Employment Domain (Low: n = 8; High: n=24) and Client Ratings of the Working Alliance .....	83
20. Regression Analyses for Integrationists per Domain on Multicultural Competence using the MCI-R Overall from the Psychologist Perspective (N = 32) .....	85
21. Regression Analyses for Integrationists per Domain on Multicultural Competence using the CCCI-R Overall from the Psychologist Perspective (N = 32) .....	87
22. Regression Analyses for Individualists per Domain on Multicultural Competence using the MCI-R Overall from the Psychologist Perspective (N = 32) .....	89
23. Regression Analyses for Individualists per Domain on Multicultural Competence using the CCCI-R Overall from the Psychologist Perspective (N=32) .....	90
24. Regression Analyses for Integrationists per Domain on Multicultural Competence using the CCCI-R Overall from the Client Perspective (N = 32).....	92
25. Regression Analyses for Individualists per Domain on Multicultural Competence using the CCCI-R Overall from the Client Perspective (N = 32).....	94

## RÉSUMÉ (FRANÇAIS)

Pour offrir des services psychologiques adaptés à la diversité culturelle de la clientèle dans le contexte d'un Canada de plus en plus diversifié, les psychologues / psychothérapeutes doivent avoir les compétences multiculturelles requises. Compte tenu des risques accrus d'émergence de problèmes psychologiques au sein des minorités ethniques, liés notamment aux facteurs de stress dus à la transition, aux difficultés d'acculturation et à la discrimination, il est indispensable de savoir comment établir des relations thérapeutiques efficaces auprès d'une clientèle ethnoculturelle diversifiée.

Cette thèse a pour but de comprendre l'impact, des psychologues / psychothérapeutes, des compétences multiculturelles sur la relation thérapeutique auprès d'une clientèle issue de minorités ethniques, tout particulièrement lorsqu'il existe des orientations d'acculturation divergentes entre le psychologue / psychothérapeute et le client. Pour ce faire, deux études ont été menées.

La première étude portait sur la relation entre les orientations en matière d'acculturation, la compétence multiculturelle déclarée et les convictions au regard de l'efficacité thérapeutique parmi 201 étudiants des 2<sup>e</sup> et 3<sup>e</sup> cycles inscrits à des programmes canadiens de formation en psychothérapie. Dans l'ensemble, corrélations et analyses de régression confirment les hypothèses de l'étude 1 : a) la majorité des participants (d'étudiants en formation en psychothérapie) appuient les orientations d'acculturation intégrationnistes et individualistes indépendamment des cultures et des domaines de vie des participants de culture différent liés aux valeurs ; b) il y a corrélation entre les compétences multiculturelles déclarées des étudiants en formation en psychothérapie et les stratégies d'acculturation parmi les différents secteurs de vie des participants de culture différent liés à l'acculturation ; et c) les résultats indiquant de fortes compétences en matière de compétences multiculturelles des étudiants en formation en psychothérapie laissent entrevoir une forte perception d'auto-efficacité à travailler auprès d'une clientèle ethnoculturelle diversifiée.

L'étude 2 portait sur l'impact du lien entre orientation d'acculturation et compétence multiculturelle sur l'alliance thérapeutique. Trente-deux dyades client-psychothérapeute (14 psychologues / psychothérapeutes, 32 clients) mixtes sur le plan ethnoculturel ont été formé d'un centre de services de psychologie d'une grande université canadienne de langue anglaise. Cette étude a permis d'explorer un modèle proposant que les compétences multiculturelles du psychothérapeute ont un effet modérateur sur l'impact négatif des écarts d'orientation en matière d'acculturation entre psychologue / psychothérapeute et client en milieu clinique, sur l'alliance thérapeutique. Les résultats appuient dans une certaine mesure ce modèle en tant que modérateur.

Les conclusions de cette thèse donnent à penser que les compétences multiculturelles des psychologues pourraient jouer un rôle significatif dans l'établissement d'une solide alliance thérapeutique, particulièrement en l'absence de correspondance entre les stratégies d'acculturation des dyades en psychothérapie. Ces conclusions viennent également appuyer sur le plan empirique et théorique l'impact des compétences multiculturelles du psychologue / psychothérapeute sur l'efficacité de la relation avec des clients ayant des caractéristiques



ethnoculturelles variées qui démontrent de moins bons résultats psychothérapeutiques. Enfin, ces résultats pourraient éventuellement orienter la formation clinique et la pratique de la psychothérapie auprès d'une clientèle diversifiée.

Mots clés : orientation d'acculturation, compétences multiculturelles, alliance thérapeutique



## RÉSUMÉ (ANGLAIS)

A CORRELATIONAL EXAMINATION OF ACCULTURATION ORIENTATIONS,  
PERCEIVED SELF-EFFICACY AND MULTICULTURAL COMPETENCIES ON THE  
THERAPEUTIC ALLIANCE OF PSYCHOTHERAPY DYADS

Delivering culturally sensitive psychological services in an increasingly diverse Canadian context demands that psychologists / therapists have the requisite competencies to work in a dynamic multicultural milieu. Given the increased risk for developing psychological issues among ethnic minorities due to transition stressors, acculturation difficulties and discrimination, understanding how to establish effective working relationships with ethnoculturally diverse clients is paramount.

The goal of this dissertation was to examine how psychologists' / therapists' multicultural competencies affect the working relationship with their ethnic minority clients, especially when faced with different worldviews, as defined as having dissimilar acculturation orientations. This research was divided into two studies.

The first study examined the relationship between acculturation orientations, self-reported multicultural competencies and efficacy-based beliefs amongst 201 graduate students enrolled in 18 clinical and counseling psychology training programs across Canada. Overall, the correlations and regression analyses supported the hypotheses for study 1: a) the majority of participants endorsed the integrationist and individualist acculturation orientations across culture and values domains; b) that self-reported multicultural competencies were correlated with acculturation orientations across domains; and that c) high scores on multicultural competencies predicted high perceived self-efficacy related to working in a multicultural context.

Study 2 investigated the impact of the relationship between acculturation orientation and multicultural competence on the therapeutic working alliance. Thirty-two ethnoculturally mixed client-therapist dyads (14 psychologists, 32 clients) from a psychological service centre at a large urban English-language Canadian university participated in the study. Study 2 tested a model where the multicultural competencies of the therapist moderated the effect of acculturation orientation mismatches on the psychologist - client working alliance in a clinical setting. The findings provide some statistical support for this moderation model.

The results of this thesis suggest that psychologists' / therapists' multicultural competencies may play an important role in establishing a strong working relationship, particularly in the absence of acculturation orientation matches amongst psychotherapy dyads. The findings also offer empirical and theoretical support for the impact of psychologist / therapist multicultural competencies on relationship effectiveness with ethnoculturally diverse clients who often show poorer psychotherapy outcomes. Finally, these results could potentially guide future clinical training and practice in psychotherapy with a diverse clientele.

Key words: Acculturation orientation, multicultural competencies, working alliance

## CHAPITRE I

### INTRODUCTION GÉNÉRALE

#### 1.1 Introduction

Delivering culturally appropriate and effective psychotherapy in an ever-changing diverse demographic landscape are top priorities for the Canadian mental health profession (Arthur & Collins, 2010; Arthur & Stewart, 2001; Hansson, Tuck, Lurie, & McKenzie, 2010). The risk for developing mental health issues is greater for ethnic minorities than for host members (Sue & Sue, 2013; Suinn, 2010). Among the top reasons for the increased risks are transition stressors, acculturation and discrimination that are prevalent for immigrants, as well as second and third generation descendants (Henderson Metzger, Nadkarni, & Erickson Cornish, 2010; Sue et al., 2013). Cultural transitioning is a multifaceted process with links to overall wellbeing (Hansson et al., 2010). Some acculturation orientations have been linked to poor mental health, including elevated rates of anxiety, depression and suicide (Sue et al., 2013). Ethnic minorities are less likely to seek assistance for psychological distress, and when they do, are twice as likely to terminate after one psychotherapy session (Sehgal et al., 2011; Sue et al., 2013; Zane, Nagayama Hall, Sue, Young, & Nunez, 2004). The psychological effects of stressors experienced by ethnic minorities differ on an individual level, and may or may not be shared across an ethnocultural group, creating challenges to diagnosis and treatment for mental health professionals. The need for a theoretically-driven approach to understanding inter-ethnic interactions within the face-to-face therapeutic dyadic conversational context, and how to deliver culturally inclusive psychotherapy has significant implications for the mental health profession.

#### 1.2 Providing Inclusive Mental Health Services in a Multicultural Context

Canada is comprised of over 200 ethnic and cultural groups and 23% of the population could be a member of a visible minority<sup>1</sup> by 2017 (Statistics Canada, 2005; 2013). Despite Canada's

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<sup>1</sup>“Visible minority is a term used in the Canadian Census which includes individuals who are not Aboriginal, Caucasian, or White in race” (Hansson et al., 2010; p.10). Ethnocultural minority refers to a person who identifies with a distinct cultural group that is different from the host majority. The term ethnocultural minority is broader than visible minority (Statistics Canada, 2005).



pluralistic policies that promotes contact between host communities, who have historically been of white British and French ancestry, and ethnocultural minorities, there have been numerous reports from ethnocultural minorities who experience isolation and discrimination (Berry, 2011; Young, 2009). The needs of ethnic minorities vary by geographic origin, political ideology, religion, values and cultural norms, which adds to the complexity of providing culturally appropriate psychotherapy. The increased cultural diversity of the Canadian demographic landscape signals the need for a theoretically-driven approach to better understand how to create productive working relationships between mental health practitioners and their ethnic minority clients (Sinacore et al., 2011). Therefore, identifying effective qualities and skillsets for mental health practitioners working with diverse clients has practical implications for the mental health profession (Young & Lalande, 2011).

### 1.3 Introduction of Dissertation Research Goals

The overall goal of this dissertation was to examine how mental health practitioners' competencies related to working in a multicultural setting could improve the therapeutic working relationship with ethnocultural minority clients. To do so, this thesis investigated how mental health practitioners' perceived self-efficacy and multicultural competencies were related to the working relationship with ethnocultural minority clients. In particular, the impact of psychotherapeutic multicultural competencies in relation to acculturation orientations on the psychotherapeutic working alliance was the main model tested.

The theoretical constructs presented in this dissertation stem from several specializations in psychology recognized as distinct sections by the Canadian Psychological Association, including, clinical, counselling, industrial / organizational and social (Canadian Psychological Association, 2014). Of particular importance in this dissertation is the pivotal role of multicultural competencies originating from the counselling psychology literature. For over 40 years, the counselling psychology specialization focused on researching and implementing inclusive psychological services to immigrant populations and ethnocultural minorities (Pope-Davis, Coleman, Liu, & Toporek, 2003). Since the early 1980s, the American Counselling Association and the American Psychological Association endorsed the creation and evolution of



multicultural competencies, recognizing them as relevant to both professions (Henderson Metzger, et al., 2010). While psychology and counselling are distinct specializations that are governed by separate accreditation and legislative bodies across Canada, the main constructs of this dissertation are applicable to both professional groups (Henderson Metzger et al., 2010; Young et al., 2011). For the purpose of this dissertation, the population of mental health practitioners of interest are professionals trained in clinical and counselling psychology graduate programs, and who engage in face-to-face dyadic conversational psychotherapy. From this point on the terms psychologist and therapist will be used interchangeably in an effort to simplify the variety of professional titles applicable to the population of interest (Beatch et al., 2009).

The remainder of this chapter summarizes the theoretical framework of this thesis. An overview of proposed requisite qualities for psychologists / therapists working in a multicultural context, namely, efficacy-based beliefs and multicultural competencies will be discussed. A brief presentation of successful psychotherapy elements, that is, the working alliance and worldview understanding, as defined as, acculturation from the therapist and client perspectives will be outlined. The final section will provide an overview of the research hypotheses and model tested.

#### 1.4 Effective Psychologists / Therapists who Practice in Multicultural Settings

Research and clinical best practices have identified the need for essential specialized training and considerations for psychologists/therapists who work with ethnic minority clients (American Psychological Association, 2002; Young et al., 2011). This dissertation will focus on therapist self-efficacy for working with ethnic minorities and multicultural competencies.

#### 1.5 Psychologist Self-Efficacy Related to Working in a Multicultural Context

Self-efficacy is defined as an individual's belief in his or her capacity to perform in a given situation or performing a specific behaviour (Bandura, 1982; Bandura & Locke, 2003; Israelashvili & Socher, 2007; Jimmieson, Terry & Callan, 2004; Larson & Daniels, 1998). The overall impact of general therapist self-efficacy is significant as it correlates positively with

therapist performance (Larson et al., 1998; Lent, Hill, & Hoffman, 2003). Evidence from two meta-analyses show that perceived self-efficacy is correlated with overall job performance,  $r=.23$ , (Judge & Bono, 2001), in particular, job involvement and the ability to acquire new skills, as well as, generate new ideas (Cherian & Jacob, 2013).

Closer examination of self-efficacy related to working with ethnic minority clients has been linked to higher perceived trainee and therapist multicultural competence ratings of performance (Constantine, 2001; Larson et al., 1998) and suggested improved client outcomes (Sehgal et al., 2011). For example, Liu, Sheu, & Williams (2004) demonstrated that multicultural competence and self-efficacy were related in a research and training setting. In particular, multicultural counselling competence predicted trainees' confidence in a multicultural research milieu. Trainees' confidence translated to better clinical decision making and an increased willingness to try new or adapted interventions that were culturally appropriate.

### 1.6 Multicultural Competencies

Practicing psychotherapy in an evolving culturally diverse demographic landscape requires specific competencies that complement general psychotherapy skills (Collins & Arthur, 2007). The global construct of a competency is defined as groups of related behaviours that are instrumental in the delivery of desired results or outcomes that consist of the following elements: knowledge, skills, abilities and other attributes of observable and measurable behaviour required for effective performance (Bartram, 2005; Catano, Wiesner, Hackett & Methot, 2010; Schmitt & Chan, 1998). While several definitions of multicultural competencies have been presented in the literature across the various human helping professions, such as, social work and medicine, the definition used in this dissertation is from the counselling and psychotherapy research literature. In addition to knowledge, skills and abilities, multicultural competencies include awareness and attitudes as essential attributes (Sue, Arrendondo & McDavis, 1992; Sue et al., 2013).

Therapist multicultural competence refers to approaching the "counselling process from the context of the personal culture of the client" (Ahmed, Wilson, Henriksen, & Jones, 2011, p.18).



Sue and colleagues' (1982) tripartite model of awareness of one's own beliefs/attitudes; knowledge; and skills is the most widely known conceptualization of the construct. *Awareness* is defined as becoming mindful of one's own biases, assumptions and values in comparison to that of other cultures. *Knowledge* refers to being informed about the theory, research and cross-paradigmatic approaches of multicultural counselling used to understand cultural diversity. Finally *skills* refer to the proficiencies or behaviours required to perform effectively in a multicultural context, such as developing culturally sensitive interventions in one's practice (Sodowsky, Taffe, Gutkin & Wise, 1994; Sue & Sue, 1990).

The tripartite model is further elaborated along three dimensions: 1) therapist awareness of own assumptions, values and beliefs; 2) understanding the worldview of the culturally different client and 3) developing appropriate intervention strategies and techniques (Sue et al., 1998). Along the first dimension, competence is defined as a therapist's belief system that understands how their cultural heritage influences psychological processes with their clients. In addition, a skilled therapist values and respects diverse cultural backgrounds and seeks out further education to improve how to best work in a multicultural setting. The second dimension, therapist understanding the worldview of the culturally different client, is demonstrated when therapists possess specific knowledge about minority development, and understands how their own stereotypes can impact the working psychotherapeutic relationship. The third dimension, developing appropriate intervention strategies and techniques, is manifested by knowledge of culturally-relevant family structures, understanding of the limitations of psychological testing and assessment with ethnocultural minorities, respect for bilingualism and being at ease consulting with religious / spiritual leaders to assist clients. For a complete list of the 34 multicultural counselling competencies along the three dimensions (Sue et al., 1998, see APPENDIX A.

### 1.7 Why are Multicultural Competencies Important?

Multicultural competencies have been empirically linked to ethnic tolerance attitudes and the implementation of effective culturally appropriate psychotherapy interventions (Constantine & Gushue, 2003; Fuertes & Brobst, 2002; Larson et al., 1998; Lent et al., 2003; Liu et al., 2004).



The impact of multicultural competence can be illustrated in a study that explored attitudes of ethnic tolerance among therapists with immigrant students (Constantine, 2002). Overall, higher positive ethnic tolerance attitudes were related to higher multicultural competence. Conversely, lower multicultural ability was associated with higher therapist ethnic intolerance and difficult client-therapist working relationship. The findings showed that the amount of multicultural training positively predicted therapists' ability to distinguish oneself from their client and appropriately recognize when to integrate intercultural factors into treatment, such as, discussing cultural background (Constantine, 2002; Constantine et al., 2003). This finding is promising as it demonstrates the potential for training in multicultural competence to moderate or buffer incongruent client-therapist working relationships within a multicultural context. "Studies consistently reveal that [psychotherapy] effectiveness is improved when [therapists] use modalities and define goals consistent with the life experiences and cultural values of clients" (Sue et al., 1998, pp. 40).

A content analysis of over 20 years of multicultural competencies research showed that much of the literature focused on empirical analogue studies, whereby university students acted as pseudo-clients under experimental conditions intended to represent culturally sensitive versus neutral scenarios (Worthington, Soth-McNett, & Moreno, 2007). This finding is significant, as it highlights the theory-research gap in the multicultural competence literature, as well as, issues with instrumentation and the need for more psychotherapy process outcome research in real-life settings. According to Atkinson, Bui, & Mori (2001), the increased professional emphasis on empirically supported treatments, that are aimed at linking the most effective treatments for specific problems, have systematically ignored the role of culture in symptom manifestation and treatment interventions. The multicultural competence literature has been described as the antithesis of the empirically supported treatment movement because it supports that ethnic and cultural influence psychotherapy processes and outcomes (Atkinson et al., 2001). In addition, the multicultural competence literature has demonstrated how client, therapist and relationship characteristics can impact psychotherapy effectiveness (Sue et al., 2013). However, bridging the theory-research gap can serve to improve ethical decision making, diagnosis and outcomes for ethnocultural minority clients, who would otherwise risk being discounted as "abnormal" using

standardized diagnostic assessment and empirically supported treatments (Ridley, Liddle, Hill, & Li, 2001; Weinrach, & Thomas, 2002).

### 1.8 Multicultural Competencies: Psychologist /Therapist and Client Perspectives

Given that psychotherapy is a transactional process between a therapist and his/her client(s), the multicultural competency models have conceptualized both psychologist and client perspectives of the working relationship's effectiveness. While the main focus to date has been on therapist self-perceptions of multicultural competence, researchers have noted the increased need to examine client perceptions for a more complete overview of psychotherapy effectiveness (Dunn, Smith, & Montoya, 2006; LaFromboise, Coleman & Gerton, 1993; LaFromboise, Coleman, & Hernandez, 1991). To date, limited empirical data on clients' ratings are available on multicultural competence (Worthington, Mobley, Franks, & Tan, 2000). Evidence suggests that client ratings were not only associated with the therapist's self-ratings of multicultural competencies and empathy, but also predicted both the client's and therapist's satisfaction with the psychotherapeutic working alliance (Fuentes, et al., 2006; Owen, Tao, Leach, & Rodolfa, 2011). While these findings demonstrate the importance of multicultural competencies are promising, it is unclear how and under what conditions multicultural competencies can effectively impact the psychotherapy dyad working alliance.

### 1.9 Defining Effective Psychotherapy in a Multicultural Context

Research on effective psychotherapeutic healing practices in a multicultural context has identified four common factors: (1) the relationship between the client and therapist; (2) worldview understanding; (3) the client's faith in the psychotherapeutic process; and (4) an agreement on the interventions believed to alleviate a client's suffering (Fischer, LaRae, & Atkinson, 1998). The present dissertation examines the first two of the four common factors in relation to therapist self-efficacy related to working with diverse clients and multicultural competencies. Although it would be preferable to examine all four common factors, due to the challenges in collecting data at different points in time with psychotherapy dyads, only the first two common factors were feasible for this study.



### 1.10 First Common Factor: The Working Alliance

The first common factor examined in this research is the relationship between the client and therapist and is conceptualized as the working alliance. The working alliance is defined as the *“feeling that both participants care for each other and that they can and will work productively toward a shared goal”* (Kokotovic & Tracey, 1990; p.16). *The most widely accepted model of working alliance consists of three main components in which the client and [therapist] (a) establish a personal bond, (b) agree upon the goals of the treatment and (c) agree upon the tasks to achieve the goals* (Horvath & Greenberg, 1986 and 1989). In the working alliance framework, understanding the client and therapist perspectives is paramount.

Research has demonstrated that establishing a strong working alliance is essential to successful psychotherapy and outcomes, especially in the early stages of therapy (Gelso & Carter, 1985). The working alliance between client/psychologist dyads has consistently shown to positively impact the psychotherapy process by increasing client retention (Chao, Steffen, & Heiby, 2012). It is particularly important during early phases of therapy, typically defined as the first three sessions, for psychotherapy dyads to develop a good working alliance. As more and more psychological service centres, such as, university campus psychological services and employee assistance programs, have shifted towards time-limited sessions, the early development of a working alliance is increasingly important, as well as knowledge of the client and therapist characteristics that most likely contribute to successful psychotherapy (Kokotovic et al., 1990). Evidence indicates that establishing a strong working alliance is even more critical for ethnic minority clients whose rates of psychotherapeutic relationship rupture, and consequently premature termination, are significantly higher than for host majority members (Hansson et al., 2010; Henderson Metzger et al., 2010; Sue et al., 2013).

Overall, the most successful working alliances develop when clients and therapists share similar attitudes and values, indicating that a congruent psychotherapeutic dyad match is more of a psychological variable than a demographic one (Chao et al, 2012). Early research in multicultural psychotherapy also examined the efficacy of psychologist-client dyad ethnocultural matching with the rationale that possessing a shared background would elevate the chances of



worldview understanding. The research on ethnoculturally diverse psychotherapy dyads is mixed, with some showing benefits to matching (Farsimadan, Draghi-Lorenz, & Ellis, 2007) and a meta-analysis comparison of 53 studies with evidence that despite client preferences for matches, there is no evidence of treatment outcome benefits (Cabral & Smith, 2011). While dyad compatibility facilitates the psychotherapeutic working alliance, psychologists need the requisite skills to build a productive bond with their clients who do not always share like values or ethnic backgrounds with their clients. Furthermore, in an ever-changing demographic landscape, the case for developing multicultural competencies and an understanding of how person qualities of psychotherapy dyads can positively strengthen the working alliance and speaks to the ethical imperative for the provision of equitable and inclusive mental health services.

#### 1.11 Second Common Factor: Worldview Understanding

The second common factor, worldview is conceptualized broadly as “how we see, experience and interpret the world” (Pope-Davis et al., 2003, p.547). In a psychotherapeutic context, worldview has been identified an important explanatory variable for the therapist in understanding the client’s cognitive structures and cultural assumptions (Ibrahim & Dykeman, 2011). The process of acculturation influences our worldview beliefs (Mallinckrodt, Shigeoka, & Suzuki, 2005). For the purposes of this research, acculturation orientations of psychotherapy dyads will be used as one aspect of worldview. The following section will present empirical evidence of worldviews on psychotherapeutic success. In particular, it will introduce how acculturation, as conceptualized by the interactive acculturation model (Bourhis, Moise, Perrault, & Senecal, 1997), is compatible with the multicultural competency framework, because they examine both client and psychologist perspectives.

#### 1.12 Research Findings on the Impact of Worldview Understanding on Psychotherapeutic Success

The impact of worldview understanding on the psychotherapeutic relationship’s success is significant. According to Ibrahim, Roysircar-Sodowsky & Ohnishi (2001), worldview clarification assists both the client and therapist in the understanding of the problem, and

provides insights for the therapist about the implications and processes to be used in the resolution of the problem for the client. In the absence of client worldview clarification or understanding, psychologists report greater communication issues with their ethnocultural clients who are twice as likely to terminate psychotherapy (Collins et al., 2007; Sue et al., 2013). Some evidence supports that ethnocultural psychotherapy dyad matching helps develop a working alliance, which in turn can decrease premature termination. While psychologist-client dyad ethnocultural matching may increase therapist credibility, it does not automatically translate into successful psychotherapy outcomes (Fisher et al., 1998; Sue et al., 2013).

Dyad ethnocultural matching implies a worldview understanding, but does not always account for religious, socio-economic, and cultural value differences in a particular socio-political context, which have been shown to effect the psychotherapeutic process. This also underscores the need for theory-driven approach to improving outcomes for ethnic minorities that includes multiple perspectives of the psychotherapeutic relationship. Acculturation has been identified as an important person variable for psychologists to take into account while trying to understand the worldview of their clients (Fisher et al., 1998; Ibrahim et al., 2001; Sue et al., 2013).

### 1.13 Acculturation

Acculturation has been on the research agenda of social psychologists for over 85 years (Rudmin, 2003) and over 60 theories have been explored (Rudmin, 2009; Schwartz, Unger, Zamboanga, & Szapocznik, 2010). One of the earliest definitions refers to acculturation as the process of how immigrants transition in their new country (Redfield, Linton, & Herskovits, 1936). It is also a phenomenon that describes how cultural differences between the dominant (host) culture and any minority cultural groups are resolved or treated (Cox & Blake, 1991). More specifically, acculturation occurs when different cultural groups have continuous first-hand contact with one another, which over time changes the original cultural patterns of either or both groups (Rudmin, 2003). Rudmin's conceptualization forms the basis of a basic working definition of acculturation used in this research. Acculturation is strongly affected by pre-existing attitudes (Cox et al., 1991) which have been empirically linked to inter-group prejudice,



stereotypes, value, conflicts, feeling of self-efficacy, behavioural outcomes and intercultural relationship success (Azjen, 2002; Bourhis & Bougie, 1998; Bourhis, et al., 1997).

#### 1.14 Why is Acculturation Important?

Acculturation sheds light on the role of pre-existing attitudes on behaviour by looking at cultural diversity from the perspective of intergroup relationships. Specifically, empirical links between inter-group prejudice, stereotypes, and adverse impact on multicultural relationships may reduce psychotherapeutic service quality and outcomes (Agars, & Kottke, 2004; Daya, 2001; Sincore et al., 2011; Sue et al, 2013). Understanding the relational outcomes of immigrant and host majority acculturation orientations may provide guidance on how to alleviate the multicultural relationship difficulties (Euwema & Van Emmerik, 2007).

Acculturation, as conceptualized by Bourhis et al.'s (1997) interactive acculturation model (IAM), just like multicultural competencies, can be examined from the host and immigrant community perspectives, and then can be extended to psychotherapy dyads. Given the high mental health stakes for ethnic minorities (Wong, Wang, & Maffini, 2014), a therapist's awareness of his/her own acculturation orientation, as well as their client's, may create a stronger bond and reduce the odds of psychotherapeutic rupture and premature termination (Young et al, 2011).

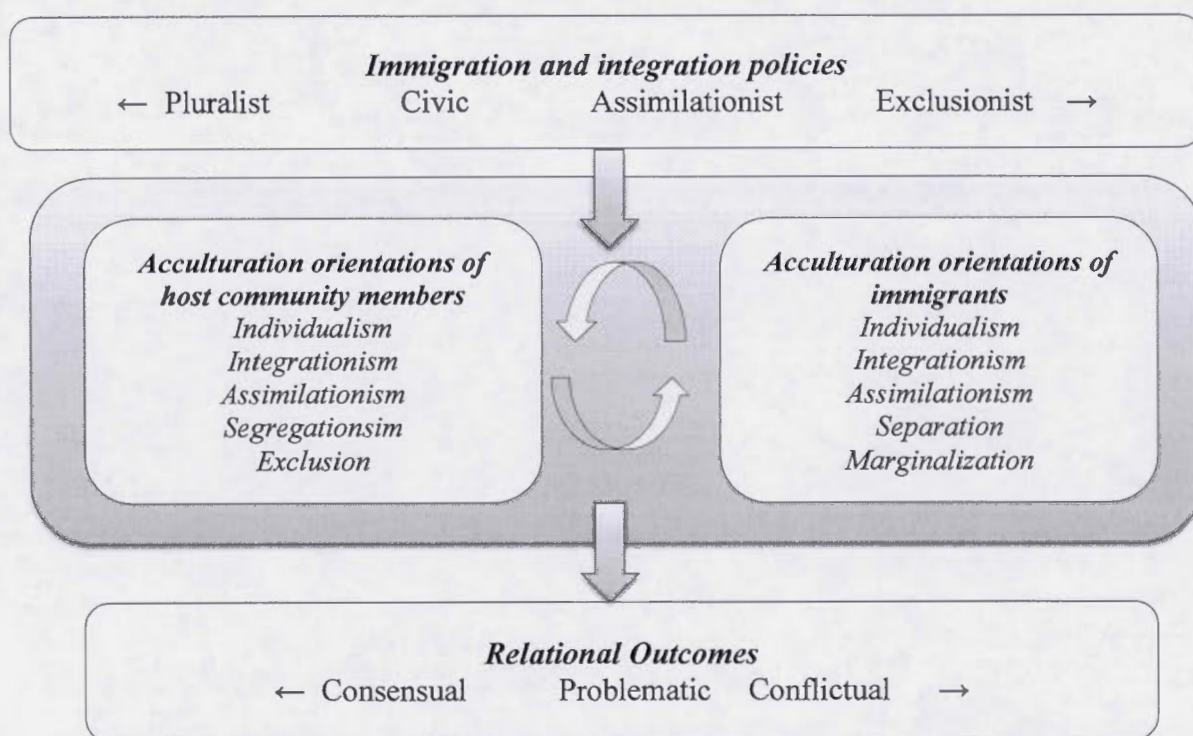
#### 1.15 The Interactive Acculturation Model

This research project is inspired by Bourhis et al.'s (1997) IAM because of its focus on immigrant and host majority perspectives, as well as the relational outcomes of the interactions. This model was selected because the framework incorporates the importance of worldviews (socio-political, diversity values, inter-relational communication outcomes) and can be applied to the transactional dynamic of psychotherapy.

The ultimate objective of the IAM is to present a dynamic perspective of immigrant and host communities in multicultural settings (Bourhis et al., 1997). The IAM proposes that certain



combinations of host community and immigrant group acculturation orientations are likely to produce intercultural interactions that are harmonious or quarrelsome (Bourhis et al., 1997; Bourhis et al., 1998). The model consists of four components that demonstrate the dynamic nature of intercultural interactions: 1) immigration and integration policies; 2) acculturation orientations adopted by immigrant groups in the host community and 3) by the host community towards specific groups of immigrants, as well as the 4) relational outcomes at the interpersonal and intergroup levels which result from combinations of immigrant and host community acculturation orientations. Figure 1 below illustrates the four components.



*Figure 1. Interactive Acculturation Model (Bourhis, et al., 1997)*

The IAM's first component refers to how immigration and integration policies impact multicultural interactions. The IAM proposes that a nation's political policies shape the social climate in which immigrants and host majority members interact. In sum, the IAM proposes that the acculturation orientations of host community and immigrant group members lie on a continuum of four main political ideologies; exclusionist, assimilationist, civic and pluralist

(Bourhis et al., 1997; Bourhis, Montaruli, El-Geledi, Harvey, & Barrette, 2010). The following outlines the four political ideologies.

Countries who endorse exclusionist or ethnist ideologies may require a precondition, such as, ethnic blood relations to become full members or citizens. Persons who do not meet the blood requirement are only granted temporary status or second class citizenship, for example, in Japan, Israel and Switzerland. The second ideology, assimilation, encourages immigrants to adopt host majority culture on all levels, including both public and private values. The United States is an example of a nation that endorses assimilation which is often referred to as a melting pot. Civic ideologies, prevalent in many European countries and Latin America, endorse policies that immigrants adopt host majority public values and do not attempt to regulate individual values. In a country with civic values, the government would not financially support ethnic groups' cultural associations or other expressions of individual values that are not part of the host majority. The final ideology, pluralism, encourages immigrants to adopt host majority public values while retaining aspects of their heritage cultural values. Canada, including the province of Quebec which has two host communities, English and French, hold pluralistic values, often referred to as integrative citizenship (Berry & Sabatier, 2010; Bourhis et al., 2010). Therefore, it is postulated in this thesis that political ideologies would include the countries of origin as well as those of the host communities impacting the worldviews of immigrants.

The IAM's second and third components are; immigrant community acculturation orientations and the host community acculturation orientations. The immigrant orientations are situated along the following two dimensions (Figure 2): *(1) Is it considered to be of value to maintain the immigrant cultural identity?; 2) Is it considered to be of value to adopt the cultural identity of the host community?* Immigrants can adopt one of five acculturation orientations that present varying degrees of whether an immigrant wishes to retain their heritage culture or adopt the host majority culture. The *integrationist* orientation maintains key features of the immigrant cultural identity while adopting aspects of the host majority culture. Immigrants who adopt the *assimilationist* orientation essentially relinquish their own cultural identity for the sake of adopting the cultural identity of the host majority. The *separationist* orientation is characterized by the maintenance of the features of the immigrant cultural identity while rejecting relationships



with members belonging to the host majority culture. *Marginalization* characterizes individuals who reject both their own and the host community culture, thereby distancing themselves from both their heritage culture and that of the host majority. Finally, *individualists* believe that personal characteristics are paramount and devalue both adopting the host culture and retaining their heritage culture (Bourhis et al., 1997; Bourhis et al., 1998). A subset of the recently Revised Immigrant Acculturation Scale (IAS) will be used to measure immigrant acculturation dimensions.

**Dimension 1:** *Is it considered to be of value to maintain the immigrant cultural identity?*

**Dimension 2:**

*Is it considered to be of value to adopt the cultural identity of the host community?*

	YES	NO
YES	INTEGRATION	ASSIMILATION
NO	SEPARATION	MARGINALIZATION INDIVIDUALISM

---

Figure 2. Bidimensional model of immigrant acculturation orientations (Bourhis, et al., 1997)

The third component of the model includes the acculturation orientations of the host majority society and is presented in Figure 3. The host majority orientations are situated along the following two dimensions (1) *Do you find it acceptable that immigrants maintain their cultural identity?* (2) *Do you accept that immigrants adopt the cultural identity of the host community?* The Host Community Acculturation Scale (HCAS) was developed to measure the host community acculturation orientations. Similar to the Immigrant Acculturation Scale, the HCAS measures one of five acculturation orientations, as presented in Figure 3. Briefly, the *integrationist* orientation refers to a host community member who accepts that immigrants adopt the cultural identity of the host majority while maintaining their heritage culture. The *assimilationist* orientation refers to host community members who accept that immigrants adopt the culture of the host majority identity while relinquishing their culture of origin. The *segregationist* orientation refers to members of the host community who prefer to distance themselves from immigrants to avoid host culture contamination and accept that immigrants

retain their heritage culture. The *exclusionists* are intolerant toward immigrant adoption of host majority culture and equally deny immigrants the freedom to maintain their culture of origin. *Individualists* do not believe in either the adoption of host culture or retention of the heritage culture of immigrants but believe that personal characteristics are most important (Bourhis et al., 1997; Bourhis et al., 1998).

**Dimension 1:** *Do you find it acceptable that immigrants maintain their cultural identity?*

**Dimension 2:**

*Do you accept that immigrants adopt the cultural identity of the host community?*

	YES	NO
YES	INTEGRATION	ASSIMILATION
NO	SEGREGATION	EXCLUSION INDIVIDUALISM

---

Figure 3. Bidimensional model of host community acculturation orientations (Bourhis et al., 1997)

The IAM also outlines a fourth component, which results from interpersonal interactions between immigrant and host majority members, also referred to as relational outcomes. Combining the five orientations of immigrant groups with the five orientations of the host majority displays the interactive nature of the IAM. Of interest is the degree of fit or compatibility of immigrant and host majority orientations. The orientation match or mismatch has an impact on the interpersonal interactions between immigrants and host majority members (Figure 4) resulting in concordant or discordant relationship outcomes. Concordance occurs when immigrant and host communities share acculturation orientations that are referred to as consensual or harmonious. A match, or concordance, compares results from immigrants using the Immigrant Acculturation Scale (IAS) and host majority members using the Host Community Acculturation Scale (HCAS). That is, immigrant and host majority orientations are said to match or be concordant when both parties espouse the same attitudes toward acculturation. For example, orientations are concordant when both immigrant and host majority members are



integrationists. Overall, three cells predict the most consensual relational outcomes that is, concordance between integrationists, assimilationists, and individualists from both the immigrant and host majority respective perspectives. These three interactions produce the most effective multicultural communication because both groups share mutually positive interethnic attitudes which will be referred to as favourable acculturation orientation matches (Bourhis, Barrette, El-Geledi, & Schmidt, 2009; Zagefka & Brown, 2002).

In contrast, discordant matches yield two clusters, problematic and conflictual outcomes that emerge when there is an acculturation orientation mismatch that characterised as unfavourable. Both problematic and conflictual interactions lead to relationships that can trigger communication breakdown and strengthen negative interethnic attitudes (Bourhis et al., 1997; Bourhis et al., 1998). Problematic relational outcomes are a result of partial disagreement, whereas, conflictual relational outcomes are a result of nearly complete disagreement between host and immigrant orientations. A total of ten cells in Figure 4 predict problematic relational outcomes, and conflictual relational outcomes emerge in 12 cells. An example of a problematic mismatch is an immigrant with an assimilationist orientation combined with an integrationist host majority member. In this case, the notion of relinquishing heritage cultural identity is the main problem.

Overall, the intersection of segregationist/exclusionist host majority orientations with separationist/ marginalist immigrant community acculturation orientations result in the most conflictual relational outcomes. On the surface, the intersection of segregationists host members and separationist immigrants yielding conflictual relational outcomes seems counterintuitive. After all, these orientations both believe in the maintenance of heritage cultural identity and the avoidance of contact between their respective groups. However, when they do come into contact with one another, the likelihood of miscommunication, entrenched negative stereotypes and discrimination on the part of host majority members against immigrants in employment and housing is prevalent (Bourhis et al., 1997). Similar relational outcomes emerge between exclusionist host majority and marginalists immigrant members, with an equally interesting paradox, in that both groups reject heritage cultural retention and the adoption of host majority culture. With one important exception, exclusionist host majority members are more likely to

“launch racist attacks against immigrants and to organize politically to denigrate and expel immigrants. [Exclusionists tend to target separatists immigrants] who are most likely to resist and even retaliate against host community persecutions” (Bourhis et al., 1997; p. 384).

In summary, empirical studies demonstrated that integrationist and individualist acculturation orientations were associated with harmonious relational outcomes, whereas the remaining acculturation orientations were linked to problematic and conflictual intergroup relations. Exclusionist and segregationist host majority orientations produce the most intergroup disagreements, yielding conflictual relational outcomes with all immigrant acculturation orientations (Bourhis et al., 2009; Komisarof, 2009; Zagefka et al., 2002).

The IAM proposes that the role of pre-existing attitudes in host and immigrant groups predicts whether or not the intergroup interactions will be harmonious. While the IAM has been tested internationally, it has been predominantly administered in colleges and universities with undergraduate student samples (Barrette, Bourhis, Personnaz & Personnaz, 2004; Barrette, Bourhis, Capozza, & Hichy, 2005; Bourhis, Barrette, & Moriconi, 2008; Bourhis & Dayan, 2004; Montreuil & Bourhis, 2005). Few studies have examined the model from both host and immigrant acculturation perspectives (Zagefka et al., 2002) or in an organizational context (Abbondanza, Estève & Barrette, 2005; Komisarof, 2009); that is one of the goals of this research.

Host Community	Immigrant Community				
	Integration	Assimilation	Separation	Marginalisation	Individualism
<b>Integration</b>	Consensual	Problematic	Conflictual	Problematic	Problematic
<b>Assimilation</b>	Problematic	Consensual	Conflictual	Problematic	Problematic
<b>Segregation</b>	Conflictual	Conflictual	Conflictual	Conflictual	Conflictual
<b>Exclusion</b>	Conflictual	Conflictual	Conflictual	Conflictual	Conflictual
<b>Individualism</b>	Problematic	Problematic	Problematic	Problematic	Consensual

*Figure 4. Relational Outcomes of Host Community and Immigrant Acculturation Orientations: The Interactive Acculturation Model (Bourhis et al., 1998)*



### 1.16 Practical Applications of the IAM in a Multicultural Psychotherapeutic Context

The IAM model, just like the multicultural competency model, lends itself to the transactional nature of psychotherapy. Given that most psychologists will likely see clients from diverse ethnic and cultural backgrounds, “*attaining multicultural competence seems extremely important to their effectiveness*” (Fuertes et al., 2002; p.221). In particular, therapists are encouraged to incorporate a range of cultural and contextual factors into their practice, such as, discrimination, social class, immigration issues and acculturation in order to establish a productive working alliance with the client. While complementarity between the client and psychologist has been shown to improve the psychotherapeutic dyad outcomes, there is a need to understand how to achieve a productive working alliance in the absence of a dyadic consensual acculturation orientation (Pope-Davis et al., 2003). Psychotherapeutic dyad incompatibility is problematic or conflictual and creates barriers to developing a productive working relationship.

The IAM model can advance the understanding of intercultural relational outcomes in a diverse psychotherapeutic context. That is, the relational outcome predictions from the IAM reveal that three of the 25 possible outcomes result in consensual or harmonious contact. This fact sheds light on the challenges therapists face to successfully perform their roles in a multicultural milieu. Psychologists who endorse acculturation orientations that are consensual with their clients, are said to be working with as aspect of worldview understanding, whereas, discordant acculturation orientations signal divergent worldviews of psychotherapy dyads. Furthermore, the IAM can assist therapists to identify issues related to cultural transitioning to improve the working alliance. For example, when clients endorse marginalization acculturation orientations, psychologists can use this information in the psychotherapy process to help understand the client’s worldview and alleviate the underlying issues causing feelings of isolation (Berry et al., 2010; Sue et al., 2013).

In addition to the knowledge about acculturation and worldview understanding, in order to establish a productive working relationship, psychologists need the qualities to do so. Taken together, therapist self-efficacy, acculturation orientations and multicultural competencies from both the client and psychologist perspectives are theorized to impact relationship effectiveness.

### 1.17 Summary and Conclusions

Little research has examined the possible links between acculturation orientations, multicultural competencies and psychotherapy relationship efficacy. Empirical evidence has demonstrated that there is a link between attitudes and performance (Bandura et al., 2003). Interpersonal exchanges between ethnically diverse persons are becoming an increasing reality in dyadic psychotherapeutic relationships (Agars et al., 2004; Sue et al., 2013). The development of relevant skills amongst therapists to work in an increasingly multicultural context is paramount in delivering effective psychotherapy for all Canadians. This underscores the need for an examination of the antecedents to harmonious and productive multicultural relations (Bourhis et al., 1997) from both the psychologist and client perspective. In addition, understanding the relationship between acculturation and multicultural competence may help establish more effective working alliances with ethnoculturally diverse psychotherapy dyads (Farsimadan, et al., 2007; Lee, 2012; Sue et al., 2013). The theoretical framework presents a foundation for investigating the role that pre-existing acculturation orientations have in relation to multicultural competence with consequences for ethnocultural minority mental health, such as, transition stressors, depression and suicide.

### 1.18 Presentation of the Research

This dissertation is comprised of two research studies. The following section presents the populations of interest; main research model tested and hypotheses for each study. The two studies in this dissertation are conceptually and methodologically complementary. They allow a better understanding of the relationship between acculturation orientations, psychotherapeutic working alliance and therapist multicultural competencies.

### 1.19 Research Outline for Study One

Study one will examine the relationship between acculturation orientation, multicultural competence and perceived self-efficacy, specifically related to working with clients from



different cultures, for graduate students enrolled in clinical and counselling psychology programs training programs across Canada.

Overall, research that has demonstrated that acculturation is linked to how ethnocultural minorities perceive and respond to psychotherapy (Atkinson, Morten, & Sue (1998) and can play an important variable in helping therapists identify effective treatments (Kim & Abreu, 2001). As outlined above, across the IAM orientations for both immigrants and host members, integrationist and individualist acculturation orientations, are the most tolerant of immigrant and ethnic group heritage cultural maintenance. Whereas assimilationists, segregationists, and exclusionists inherently reject immigrant and ethnic groups' cultural heritage, are least likely to endorse endogamy/exogamy with consistent relational outcomes that are characterized as problematic and conflictual. Therefore, it is theorized that an assimilationist, segregationist or exclusionist therapist is unlikely to respect or actively seek knowledge about different cultures, or interpret diagnostic assessments with cultural nuances of the client in mind. Research has shown that the higher a therapist's ethnic intolerance, the more difficult client-therapist working relationship and the lower their multicultural ability (Constantine, 2002; Atkinson et al., 2001).

Conversely, of all the acculturation orientations, the individualist and integrationist orientations are the most open to immigrants and ethnic heritage retention and maintenance. According to Constantine (2002), higher positive ethnic tolerance attitudes, consistent with host acculturation orientations, like integrationists and individualists, were related to higher multicultural competence. Hence, therapists who highly endorse the integrationist or individualist acculturation orientations, are theorized to have higher multicultural competence. Therapists with high multicultural competencies will be able to buffer an acculturation mismatch that is discordant with their clients, and are of interest for this research. In addition, research on acculturation orientations shows that university students enrolled in Canadian universities are more likely to endorse the individualist and integrationist orientations (Sadfar, Dupuis, Lewis, El-Geledi, & Bourhis, 2008). Therapists who do not highly endorse integrationist or individualist acculturation are more likely to strongly endorse other acculturation orientations that are intolerant to ethnocultural minorities with lower multicultural competence abilities (Constantine, 2001; 2002).

This research hypothesized that graduate students enrolled in psychotherapy training programs across Canada who endorsed integrationist and individualist host community acculturation orientations were more likely to self-report higher levels of multicultural competence. The second hypothesis centered on higher levels of self-reported multicultural competence predicting self-efficacy of working in a multicultural context.

The hypotheses were:

- 1) High scores on integrationist and individualist acculturation orientations of psychologists / therapists in training will be associated with high levels of self-reported multicultural competencies.
- 2) Self-reported psychologist / therapist self-efficacy related to working with multicultural clients will be predicted by high self-reported multicultural competence.

## 1.20 Research Outline for Study Two

Study two investigated the acculturation orientations, multicultural competencies and working alliance of ethnoculturally diverse psychotherapy dyads in a psychological clinic. In this study, ethnocultural clients enrolled at a Canadian university and seeking on-campus psychological support completed a questionnaire about the working relationship with their therapist.

Psychologists also completed a similar questionnaire about their working relationship with the client. The following will outline the theoretical framework and hypotheses.

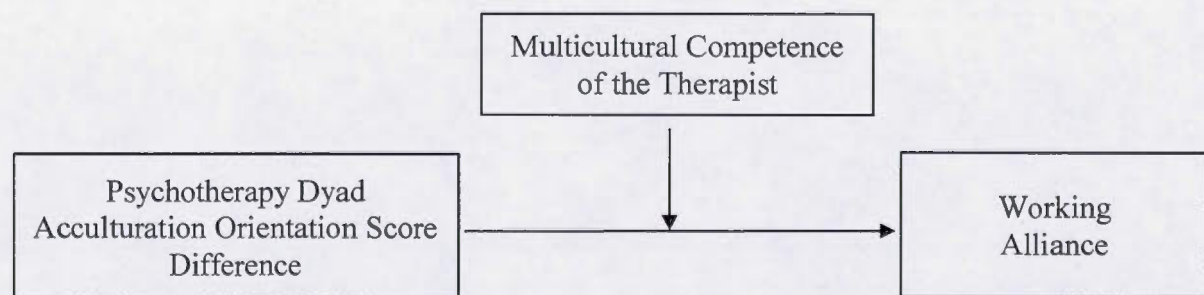
Establishing a strong working relationship and worldview understanding within psychotherapy dyads are important factors that impact relationship effectiveness. These factors are especially important for ethnoculturally diverse clients who show poorer psychotherapy outcomes, in particular, premature termination. The identification of qualities that can enable therapist to better establish productive working alliances with their ethnoculturally diverse clients has become a relevant issue for the delivery of equitable service to all Canadians. This study



examined how worldview understanding, as defined by acculturation, and psychologist self-efficacy related to working in an ethnoculturally diverse milieu and multicultural competencies influenced the psychotherapy dyad working alliance. This dissertation is among the first studies to investigate the IAM model in a real-life setting from both the perspectives of therapists and their clients.

Study two hypothesized that there will be an increased client and psychologist working alliance associated with a harmonious acculturation match, such as, individualist client and therapist pairs. On the other hand, an integrationist-assimilationist match is predicted to yield a problematic relational outcome and will therefore be associated with less satisfaction on behalf of both the client and psychologist. A conflictual match, for example, a separatist-integrationist mix is theorized to lead to low client and psychologist working alliance ratings.

Multicultural competencies can theoretically serve to counterbalance negatively matched acculturation orientations. In other words, multicultural competencies provide an individual the ability to work within a framework that is not always a favourable multicultural environment. Multicultural competence may moderate the effect of a negative orientation match on relationship success, which is defined in terms of performance through the working alliance. If therapists have high multicultural competence, the negative impact of an orientation mismatch would be moderated. (i.e., pairs with a greater acculturation orientation differences would still show positive outcomes) as outlined in Figure 5.



*Figure 5. Moderated model of therapist-client psychotherapeutic working relationship*

The hypotheses for study two were:

- 1) Self-reported perceived psychologist / therapist self-efficacy related to working with multicultural clients will be predicted by high self-reported multicultural competence.
- 2) High scores on integrationist and individualist acculturation orientations of psychologists / therapists will be associated with high levels of perceived self-reported multicultural competencies.
- 3) Acculturation orientation (integrationist and individualist) psychotherapy-dyad matches will predict more favorable client perceptions of the working alliance.
- 4) High multicultural competencies will moderate the effect of dissimilar acculturation orientations (integrationist and individualist) on the working alliance from the therapist perspective.
- 5) High multicultural competencies will moderate the effect of dissimilar acculturation orientations (integrationist and individualist) on the working alliance from the client perspective.

In sum, this research study will contribute to the literature by being the first study to examine the link between IAM acculturation model and psychologist multicultural competence. This research will assess acculturation orientation matches between clients and their therapist. The use of this information would then explain both parties' working alliance and the quality of the psychotherapeutic relationship with respect to multicultural issues. Chapters two through four will present the methodology, results and discussions, respectively.



## CHAPITRE II

### ÉTUDE 1

#### 2.1 Study 1 Overview

Psychotherapy has been proven effective for majority clients and has limited success with ethnocultural minorities (Sue et al., 2013; Zane et al., 2004). In an ever-changing Canadian cultural landscape delivering equitable psychotherapy to all Canadians has become an important issue for the mental health profession. Psychotherapy training programs are adapting curricula to graduate students with the necessary qualities and skillsets to practice with in an increasingly multicultural context. Study one examined how the acculturation orientations of graduate students enrolled in clinical and counselling psychology programs across the country were related to self-efficacy working with diverse populations and perceived multicultural competencies.

Self-efficacy is posited to positively impact the performance of therapists. In particular, self-efficacy, an individual's belief in his or her capacity to perform in a given situation, is an important variable to examine for graduate student trainees who are beginning a career in an increasingly multicultural context. Self-efficacy to work with ethnoculturally diverse clients has been linked to the multicultural competencies. Psychotherapy outcomes are poorer for ethnic minority clients (Sue et al., 2013; Zane et al., 2004), therefore, training programs need to address building self-efficacy for therapists in training, so that they feel empowered to work in an ever-changing multicultural context and develop strong multicultural competencies.

The second construct in this study, multicultural competencies, is theorized to be requisite for therapists working in a diverse cultural environment. Multicultural competencies is comprised of awareness, knowledge, skills and other attributes. The ability for therapists to adapt to a variety of cultural groups has become necessary to practice in today's reality. Psychologists with higher multicultural competencies have been linked to greater psychotherapy dyad worldview understanding, increased client credibility and stronger working alliances (Cabral et al., 2011). The working relationship between clients and psychologists has been identified as one of the four

effective multicultural psychotherapy practices (Fischer et al., 1998). Early phases of psychotherapy are critical for the development of a strong client – therapist working alliance. This is particularly important for ethnocultural minority clients who are at greater risk for premature termination (Zane et al., 2004). The literature to date has indicated that client-therapist ethnocultural matching has had limited success. Research has consistently demonstrated that ethnocultural matching does not necessarily lead to strong client-therapist working alliances (Cabral et al., 2011; Farsimadan et al., 2007). Instead, clients have better psychotherapy outcomes when they share similar attitudes and values with their psychologists (Fisher et al., 1998; Sue et al., 2013).

A second effective psychotherapy factor across cultures that has been established in the literature is worldview understanding (Fisher et al., 1998). In this research, one aspect of worldview examined is acculturation, which has been identified as an important person variable to take into consideration in the psychotherapeutic relationship. The IAM model of acculturation was used to examine attitudes toward immigrant cultural identity. Of the five acculturation orientations, integrationist and individualist orientations are overwhelmingly endorsed in University settings (Barrette et al., 2004; Barrette et al., 2005; Bourhis et al., 1998; Bourhis et al., 2004; Montreuil et al., 2005).

## 2.2 Hypotheses

Study 1 assessed the following two hypotheses:

- 1) High scores on integrationist and individualist acculturation orientations of psychologists/therapists in training will be associated with high levels of self-reported multicultural competencies.
- 2) Self-reported psychologist / therapist self-efficacy related to working with multicultural clients will be predicted by high self-reported multicultural competence.



With respect to the first hypothesis outlined above, integrationist and individualist acculturation orientations generally lend themselves towards more positive attitudes about immigrants and ethnocultural minorities with harmonious relational outcomes in a multicultural setting (Bourhis et al., 1997; Bourhis et al., 2009; Zagefka et al., 2002). Research demonstrates that integrationist and individualist acculturation orientations are most common among Quebecois, particularly in university settings (Bourhis et al., 2004). Therefore, integrationist and individualist acculturation orientations of host majority members were expected, as this study was conducted across Canada in university settings.

The second hypothesis posits that multicultural competence predicts higher self-efficacy in the context of diversity. Liu and colleagues (2004) study demonstrated that multicultural competence and self-efficacy were related in a research and training setting. More specifically, multicultural competence predicted trainees' confidence in a multicultural research milieu. In addition, the multicultural competence literature has demonstrated that increased multicultural competence leads to higher levels of perceived self-efficacy among therapists (Constantine & Yeh, 2001). Given these findings, it was hypothesized that high multicultural competencies predicts high perceived self-efficacy related to working with a multicultural clientele.

## 2.3 Method

### *Participants*

Two-hundred and one (201) graduate students enrolled in 18 clinical and counselling psychology graduate programs across Canada completed the questionnaire for Study 1. The majority of participants were female (177) while 24 were male. One-hundred and sixty-seven participants identified as white and 29 as ethnocultural Canadian minorities (e.g., Jewish, Russian, etc.). Of the 29 ethnocultural minorities, all were of white European heritage. Over 60% of participants (129) were enrolled in doctoral programs and 74 in Master's programs. The distribution of respondents across Canada was: 19 from the Atlantic provinces, 84 from Quebec, 52 from Ontario and 46 from western provinces. A total of 123 participants completed the English language version of the questionnaire and 78 completed the French language version. Three-

quarters of respondents had training in multicultural issues through coursework (149), whereas 53 had none. An independent samples t-test was conducted for gender and did not yield any significant differences for acculturation, multicultural competence, and self-efficacy.

Only graduate students who had some practical experience in psychotherapy, such as, internships, practicums and employment, were eligible for Study 1. Table 1 summarizes the professional training experience of participants (14% reporting up to three months, 56% with three months to one year; 5% indicating one to two years and 25% with two or more years).

Table 1. Professional Experience of Participants (N = 201)

	N	%
Up to 3 months	29	14%
3 months to 1 year	112	56%
1 year to 2 years	10	5%
2 or more years	50	25%

### *Ethical Approval*

The study was approved by the Université du Québec à Montréal's (UQAM) Department of Psychology Ethics Committee regarding the research involving human participants (*Le comité d'éthique du département de psychologie, en matière de recherche impliquant la participation de sujets humains*). The research protocol was considered in compliance with UQAM's institutional ethics policy (*Politique institutionnelle de déontologie de l'UQAM*), and the Tri-Council Policy Statement the Ethical Conduct for Research Involving Humans (Gouvernement du Canada, 2010). The consent forms explained what participation in the study entailed, as well as the risks, and benefits. Participants were also informed about their rights to withdraw from the study at any time without prejudice (Appendix B).

### *Procedures*

Graduate students were invited to participate in an online 20-minute questionnaire via an email message that was sent by graduate program administrators on behalf of the principal investigator (recruitment materials and measures are available in appendices B and C). In compliance with



the approved ethical protocol for this study, the principal investigator did not have access to student enrollment lists. All students enrolled in the graduate programs were invited to complete the study and voluntarily completed the online questionnaire. In addition to the initial email invitation, graduate program administrators released two reminder messages to their students. All email correspondence and measures were available in English and French. The measures were translated into French, and back translated into English prior to launch (Hambleton, 1994).

### *Measures*

The *Host Community Acculturation Scale (HCAS)* developed by Bourhis et al. (1997) was adapted in 2005 (Bourhis & Montreuil, 2005). The scale measures the five acculturation orientations: integrationist, assimilationist, segregationist, exclusionist and individualist of host community members. The measure is comprised of 5 items per contextualised domains to be used if pertinent to acculturation issues for different immigrant-host community relations. For the purpose of this study, culture, values, and employment domains were retained, totalling 15 items. Due to a server maintenance issue with the online survey that displayed the incorrect language questions, the language domain was not retained for this study. The term «immigrants» was used throughout the questionnaire and used in a general sense. For the purpose of this research immigrant refers to people who were born in another country and their second and third generation descendants. The items are scored on a 7-point Likert scale (1 = *do not agree at all* to 7 = *totally agree*). Although all 15 items were administered to participants, only the integrationist and individualist items per domain were retained for the analyses. The integrationist questions are: “*Immigrants should maintain their own cultural heritage while also adopting the Canadian culture*” (Culture); “*Immigrants should retain the values of their heritage culture and also adopt key features of Canadian values*” (Values); and “*employers should be as likely to hire an immigrant as a Canadian candidate, and this, regardless of the cultural habits of the immigrants*” (Employment). The Individualist items per domain are: “*Whether immigrants maintain their cultural heritage or adopt the Canadian culture makes no difference to me because each person is free to adopt the culture of his/her choice*” (Culture); “*I care little about whether immigrants retain their heritage culture values or adopt Canadian mainstream values as it is personal values and aspirations which count most to me*” (Values); and “*only the*

*individual merits of the candidate should be considered, whether a candidate is an immigrant or Canadian”* (Employment). The French language items substituted Canada with Quebec to make the items relevant for respondents from Quebec.

Although the measure has demonstrated high internal consistency reliability in the literature with a coefficient alpha over 0.8 for each acculturation orientation (Montreuil & Bourhis, 2001), the combination of domains used in this study did not yield acceptable internal consistencies for integrationist ( $\alpha = .36$ ) and individualist ( $\alpha = .28$ ) orientations. Internal consistencies in the published literature are usually based on items like employment, cultural maintenance, and endogamy-exogamy. As a result, integrationist and individualist items per domain were used for statistical analyses. See Appendices C and D for the complete questionnaire.

#### *Multicultural Competence Measures:*

Two measures of multicultural competence were used in Study 1. The first measure, the *Multicultural Counselling Inventory – Revised (MCI-R)* was developed by Sadowsky et al., (1994) and is considered one of the most reliable multicultural competence assessments (Kocarek, Talbot, Batka & Anderson, 2001; Ponterotto & Alexander, 1996). The 40-item self-report measure of therapist competence was developed based on Sue et al.’s (1992) theoretical model. For this investigation, a short-version of the instrument was used based on feedback from the pilot study, consisting of 20 items. Due to low internal consistency for the relationship subscale (.38), only 14 items were retained for this investigation. The MCI-R consists of three subscales that are scored on a four point Likert-type scale with (1 = *very inaccurate* to 4 = *very accurate*). The 14-item MCI-R short form yielded an internal consistency of  $\alpha = .8$ . The subscales with their respective number of items and reliability coefficients are: Skill (3 items;  $\alpha = .60$ ), Awareness (4 items;  $\alpha = .72$ ), and Knowledge (7 items;  $\alpha = .69$ ). Sample items include: “*I use varied counselling techniques and skills. My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighbourhoods, marriage, and friendship). I consider the range of behaviors, values, and individual differences within a minority group*”.



The second measure, *Cross-Cultural Competency Inventory (CCCI-R)*, developed by LaFromboise et al., 1991), is a multipurpose tool based on Sue et al.'s (1982) tripartite model of multicultural competence. The 20-item instrument is scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*), and consists of three subscales: cross-cultural counselling skill (10 items), socio-political awareness (6 items) and cultural sensitivity (4 items). Some sample items are: "*Therapist /counsellor is aware of his or her own cultural heritage*", "*Therapist /counsellor demonstrates knowledge about client's culture*". Internal consistencies (Cronbach alpha) of .95 have been reported in the literature. A Cronbach alpha of .86 was computed for the 20-item measure for this investigation, with internal consistencies of  $\alpha = .80$  for the cross-cultural counselling skill,  $\alpha = .60$  for socio-political awareness and  $\alpha = .55$  for the cultural sensitivity subscale.

#### *Trainee Self-Efficacy Related to Cultural Competence:*

Trainee self-efficacy was measured with the cultural competence subscale from the Counselling Self-Estimate Inventory (COSE) developed by Larson and colleagues (1992). The COSE is the most widely used measure of therapist trainee self-efficacy (Larson et al., 1998) and originally developed for use in training, supervision and research. The Cultural Competence subscale (COSE-CCS) consists of four items that assesses the therapist's self-perceived ability to help clients from various cultures. The internal consistency for the COSE-CCS in the published literature is  $\alpha = .75$  and yielded a Cronbach's alpha of  $\alpha = .70$  for this investigation. Participants were asked to indicate their level of agreement with each statement on a 6-point scale ranging from *strongly disagree* (1) to *strongly agree* (6). Sample items include: "*I will be an effective therapist /counsellor with clients of a different social class*", "*When working with ethnic minority clients I am confident that I will be able to bridge cultural differences in the psychotherapy process*".

#### *Social Desirability.*

Given the sensitive nature of the acculturation and multicultural competence measures, a social desirability scale was included in the study and administered at the end of the online

questionnaire (Constantine & Ladany, 2000). A short-form of the Marlowe-Crowne Social Desirability Scale, the MCSDS-Form C (Crowne & Marlowe, 1960; Reynolds, 1982) was administered and consists of 13 true-false items that assess how likely respondents are to respond in a socially-desirable manner. The MCSDS-Form C scores range from 0 to 13, whereby higher scores denote that the respondent “endorses rare positive characteristics and denies common negative characteristics found in the general public” (Worthington et al., 2000; p.462). Internal consistency this study is consistent with the published literature is .77 (Crowne & Marlowe, 1964; Reynolds, 1982). Sample items include: *“No matter who I’m talking to, I’m always a good listener; I sometimes feel resentful when I don’t get my way; and, There have been occasions when I took advantage of someone”*.

#### *Demographic Questionnaire:*

A short demographic questionnaire was administered with variables that controlled for the respondent’s background. Questions related to the amount of multicultural training, both formal (e.g., courses for credit), and informal, (e.g., non-credit courses or workshops offered by association or at professional conferences), were asked of participants in order to determine eligibility for the study. The amount of contact the respondent has had with individuals who are culturally different was also included.

## 2.4 Results

The results will be presented in the following sections: descriptive statistics, participant characteristics, social desirability, acculturation, multicultural competence, and hypotheses 1 and 2 analyses.

Please note that although 201 graduate students completed the online questionnaire, only a portion of the sample endorsing high integrationist and individualist acculturation orientations was retained for the correlational and regression analyses. Descriptive analyses are presented below and to control for social desirability. A discriminant analysis was used to determine the



high integrationist and individualist endorers. Throughout the results section, the *n* is displayed in each of the tables for clarification purposes.

### *Descriptive Statistics*

Statistical power and sample size estimation analyses were conducted to ensure adequate power for the proposed research program. A minimum of 77 respondents was required to meet adequate statistical power for hypothesis 1, based on an anticipated 60% population adopting integrationist or individualist acculturation orientations (Montreuil et al., 2000; Montreuil et al., 2001; Montreuil, Bourhis, & Vanbeselaere, 2004; Montreuil et al., 2005). A minimum of 191 respondents was needed to meet the conditions of hypothesis 2, based on a conservative correlation of 0.2,  $p < .05$  (Constantine et al., 2001; Constantine et al., 2003). Therefore, for the purpose of Study 1, a minimum of 191 respondents was required for adequate power. The minimum number of respondents was determined by taking into account an expected effect size of 0.2 and correlation of 0.2 for the relationship between self-efficacy and multicultural competence.

### *Participant Characteristics*

The following section outlines the characteristics of respondents with respect to professional psychotherapy experience and acculturation orientations with a focus on integrationist and individualist orientations, and multicultural competencies.

#### *Professional Experience*

Participants were asked to provide information about the cultural demographics of their clientele, as presented in Table 2. While 64% of participants reported that their clientele consisted of mostly white Canadians, 25% indicated that half of their clientele were ethnocultural minorities; 8% reported that one-third of the clientele was diverse, and 3% had mostly ethnocultural minority clients.

Table 2. Cultural Demographic of Respondents' Clientele (N = 201)

	n	%
Mostly white Canadian (less than 5% ethnocultural minority)	128	64%
50% White Canadian, 50% ethnocultural minority	50	25%
67% White Canadian; 33% ethnocultural minority	16	8%
Mostly ethnocultural minority (less than 5% white)	7	3%

### *Social Desirability*

Social desirability was not correlated with any of the integrationist and individualist domains (Table 3).

Table 3. Social Desirability by Integrationist and Individualist Domains (N = 201)

	1	2	3	4	5	6	7
1. <i>Social Desirability</i>	-	.06	-.02	.08	.08	.07	.02
2. Integrationist Culture		-	.49**	.06	-.20**	-.15*	.09
3. Integrationist Values			-	-.04	-.24**	-.12	.04
4. Integrationist Employment				-	.26**	.06	.27**
5. Individualist Culture					-	.29**	.05
6. Individualist Values						-	.12
7. Individualist Employment							-

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

### *Acculturation*

The mean and standard deviations for all acculturation orientations per domain are presented in Table 4 (N = 201) to show the distribution of respondent orientations. However, the focus of Study 1 is on integrationist and individualist orientations. As demonstrated by Bourhis et al.'s research (2004), integrationist and individualist acculturation orientations were endorsed by the majority of participants across domains. Interestingly, in the employment domain, the assimilationist orientation was endorsed by a high proportion of respondents.



Table 4. Mean and Standard Deviations for Acculturation Orientations per Domain (N = 201)

	Culture M (SD)	Values M (SD)	Employment M (SD)
Integrationist	5.42 (1.29)	4.82 (1.58)	5.37 (1.50)
Individualist	4.38 (1.87)	2.97 (1.62)	6.14 (1.35)
Segregationist	1.80 (1.32)	2.45 (1.13)	1.58 (.98)
Assimilationist	1.51 (.87)	1.76 (.96)	3.69 (1.72)
Exclusionist	1.32 (.84)	1.38 (.93)	1.05 (.33)

As noted above, participants who highly endorse the integrationist and individualist acculturation profiles are theorized to hold more positive ethnic tolerance attitudes and higher multicultural competence (Constantine, 2002). Direct discriminant analyses for classification were conducted for individualist and integrationist orientations in each of the three domains to determine levels of endorsement (Tabachnick & Fidell, 2013). The total usable cases, N = 201 were classified into three groups, low, medium and high for integrationists and individualists (100% correct classifications). Tables 5 through 7 display the discriminant analysis findings.

Table 5. Predictor Variables in Discriminant Function Analysis for Integrationist and Individualist Acculturation Orientations per Domain (N=201)

	Wilks $\lambda$	F(2, 198)	p
<i>Integrationist</i>			
Culture	0.29	239.1	0.01
Values	0.18	455.2	0.01
Employment	0.24	314.4	0.01
<i>Individualist</i>			
Culture	0.12	707.5	0.01
Values	0.11	786.7	0.01
Employment	0.21	366.2	0.01

Table 6. Classification Analysis for the Integrationist Acculturation Orientation per Domain (N=201)

				Predicted group membership					
				Low		Medium		High	
Actual group membership	N	M	SD	n	%	n	%	n	%
<i>Integrationist Culture</i>									
Low	201	1.50	.58	4	100	0	0	0	0
Medium	201	3.83	.38	0	0	47	100	0	0
High	201	6.03	.77	0	0	0	0	150	100
<i>Integrationist Values</i>									
Low	201	1.58	.51	19	100	0	0	0	0
Medium	201	3.75	.44	0	0	63	100	0	0
High	201	5.90	.79	0	0	0	0	119	100
<i>Integrationist Employment</i>									
Low	201	1.7	.48	10	100	0	0	0	0
Medium	201	3.7	.46	0	0	44	100	0	0
High	201	6.12	.81	0	0	0	0	147	100

Note: Overall percentage of correctly classified cases = 100%

Table 7. Classification Analysis for Individualist Acculturation Orientation per Domain (N=201)

				Predicted group membership					
				Low		Medium		High	
Actual group membership	n	M	SD	n	%	n	%	n	%
<i>Individualist Culture</i>									
Low	201	1.57	.50	37	100	0	0	0	0
Medium	201	3.60	.49	0	0	72	100	0	0
High	201	6.12	.81	0	0	0	0	92	100
<i>Individualist Values</i>									
Low	201	1.49	.50	90	100	0	0	0	0
Medium	201	3.54	.50	0	0	79	100	0	0
High	201	5.72	.73	0	0	0	0	32	100
<i>Individualist Employment</i>									
Low	201	1.33	.52	6	100	0	0	0	0
Medium	201	3.75	.44	0	0	20	100	0	0
High	201	6.58	.65	0	0	0	0	175	100

Note: Overall percentage of correctly classified cases = 100% for culture and values; 91% for employment.



In summary, the number of participants who highly endorsed integrationist and individualist views. The breakdown of participants who highly endorsed the integrationist items by domain is: 150 for culture, 119 for values and 147 for employment. The distribution of respondents who highly endorsed individualist items for the culture domain is 92, the values domain is 32 and employment is 175.

### *Multicultural Competence*

The construct of multicultural competencies was assessed using two validated instruments: the Multicultural Counselling Inventory - Revised (MCI-R) and the Cross-Cultural Counselling Inventory – Revised (CCCI-R). Composite scores, entitled, MCI-R Overall and CCCI-R Overall, were computed for each measure by adding up all the items in the scale and dividing the sum by the total number of items in each scale. Subscale calculations were also computed using the same technique.

The MCI-R consists of three subscales that are scored on a four point Likert-type scale with (1 = *very inaccurate* to 4 = *very accurate*). An MCI-R Overall composite score was computed as well as measures for each subscale: knowledge, awareness and skills. The CCCI-R is scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). In addition, scores for the three subscales, skills, awareness and cultural sensitivity were calculated.

For both measures of multicultural competence, the mean scores are on the mid-to high end of their respective spectrums, with a mean score of 3.02 ( $SD = .40$ ) out of 4.0 for the MCI-R and 4.68 ( $SD = .38$ ) out of 7 for the CCCI-R.

Table 8. Means and Standard Deviations for Multicultural Competence using the MCI-R and CCCI-R and their Respective Subscales (N = 201)

	<i>M</i>	<i>SD</i>
<i>Multicultural Counseling Inventory -Revised (MCI-R)</i>		
MC Overall	3.02	.40
Knowledge	2.63	.37
Awareness	2.89	.66
Skills	3.19	.46
<i>Cross-Cultural Competence Inventory – Revised (CCCI-R)</i>		
MC Overall	4.68	.38
Skills	5.06	.43
Awareness	5.01	.46
Cultural Sensitivity	4.33	.62

Note: MC = Multicultural Competence; MCI-R (4-point scale); CCCI-R (6-point scale)

In order to test the second hypothesis, that high self-reported multicultural competencies predicts high perceived self-efficacy related to working with a multicultural clientele (Constantine et al., 2001), a discriminant analysis was used to identify levels of multicultural competence endorsement. Direct discriminant analyses for classification (Tabachnick et al., 2013) were conducted for both measures of multicultural competence, the MCI-R and the CCCI-R. The total usable cases, N = 201 were classified into three groups, low, medium and high for both measures multicultural competence (100% correct classifications). Tables 9 through 11 present the discriminant analysis outcome of scores for hypothesis 2.

Table 9. Predictor Variables in Discriminant Function Analysis for Multicultural Competence (N=201)

	Wilks $\lambda$	F(1, 199)	p
Multicultural Competence Overall ( <i>MCI-R</i> )	393.9	0.34	0.01
Multicultural Competence Overall ( <i>CCCI-R</i> )	139.9	0.49	0.01



Table 10. Classification Analysis for Multicultural Competence using the Multicultural Counseling Inventory - Revised (MCI-R) – (N=201)

Actual group membership	n	M	SD	Predicted group membership					
				Low		Medium		High	
				n	%	n	%	n	%
<i>Multicultural Competence</i>									
<i>Overall (MCI-R)</i>									
Low	201			0	100	0	0	0	0
Medium	201	2.72	.23	0	0	107	100	0	0
High	201	3.37	.22	0	0	0	0	94	100

*Note:* Overall percentage of correctly classified cases = 100%

Table 11. Classification Analysis for Multicultural Competence using the Cross-Cultural Competence Inventory – Revised (CCCI-R) – (N = 201)

Actual group membership	n	M	SD	Predicted group membership					
				Low		Medium		High	
				N	%	n	%	n	%
<i>Multicultural Competence</i>									
<i>Overall (CCCI-R)</i>									
Low	201			0	100	0	0	0	0
Medium	201	4.54	.29	0	0	155	100	0	0
High	201	5.17	.17	0	0	0	0	46	100

*Note:* Overall percentage of correctly classified cases = 89%

### *Hypothesis 1:*

High scores on integrationist and individualist acculturation orientations of psychologists / therapists in training will be associated with high levels of self-reported perceived multicultural competencies.

The purpose of this analysis was to examine whether the association of high endorsement on integrationist and individualist orientations in each domains predicts high multicultural competence. It is theorized that strong endorsement of integrationist and individualist acculturation orientations that have been linked to positive relational outcomes in multicultural settings and high multicultural competence (Constantine, 2002). To test this hypothesis, only respondents who highly endorsed integrationist and individualist acculturation orientations in

each domain (culture, values and employment) were used to calculate subsequent correlations and regressions to predict multicultural competencies. Cutoff scores for high endorsers were determined by a discriminant analysis, as presented above.

Pearson correlations and hierarchical regressions were conducted to test hypothesis 1 using the PASW 20 (SPSS) statistical software. The correlations and regression analyses are presented for integrationists and then individualists. Overall, high scores on the integrationist acculturation orientation across the three domains of culture, values and employment were correlated with the two composite measures of multicultural competencies, the MCI-R and the CCCI-R as shown in Tables 12 through 15.

#### *Integrationist Acculturation Orientation per Domain*

*Culture:* The integrationist culture variable was correlated with both measures of multicultural competence, MCI-R overall,  $r(148) = .31, p < .01$  and CCCI-R overall  $r(148) = .26, p < .01$ . The integrationist culture variable was also correlated with the multicultural competence subscales of the MCI-R, Knowledge,  $r(148) = .34, p < .01$ , and Skills  $r(148) = .22, p < .01$ . Examination of the multicultural competence subscales of the CCCI-R, showed that all three were correlated with the integrationist culture variable, Skills  $r(148) = .21, p < .01$ , Awareness  $r(148) = .26, p < .01$  and Cultural Sensitivity  $r(148) = .17, p < .05$ .



Table 12. Multicultural Competence Means and Standard Deviations for High Integrationists per Domain

	Acculturation Integrationist					
	Culture (n = 150)		Values (n=119)		Employment (n=147)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<i>Acculturation Integrationist</i>	5.42	1.29	5.90	.79	6.12	.81
Multicultural Competence Overall (MCI-R)	3.02	.40	3.05	.39	3.06	.40
Knowledge	2.63	.37	2.65	.36	2.65	.37
Awareness	2.89	.66	2.95	.64	2.99	.65
Skills	3.19	.46	3.19	.44	3.18	.46
Multicultural Competence Overall (CCCI-R)	4.68	.38	4.68	.38	4.72	.39
Skills	5.06	.43	5.06	.44	5.10	.42
Awareness	5.01	.46	5.02	.46	5.05	.48
Cultural Sensitivity	4.33	.62	4.32	.64	4.38	.64

Note: Acculturation (7-point scale); MCI-R (4-point scale); CCCI-R (6-point scale)

Table 13. Multicultural Competence Correlations for High Integrationists in the Culture Domain (n = 150)

	1	2	3	4	5	6	7	8	9
1. <i>Integrationist Culture</i>	-	.31**	.34**	.15	.22**	.26**	.21**	.26**	.17*
2. <i>MC Overall (MCI-R)</i>		-	.82**	.82**	.58**	.68**	.63**	.51**	.52**
3. Knowledge			-	.44**	.34**	.55**	.47**	.47**	.42**
4. Awareness				-	.27**	.53**	.51**	.34**	.48**
5. Skills					-	.42**	.42**	.34**	.18*
6. <i>MC Overall (CCCI-R)</i>						-	.90**	.79**	.74**
7. Skills							-	.53**	.53**
8. Awareness								-	.49**
9. Cultural Sensitivity									-

Note: MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

*Values:* The integrationist acculturation values variable was correlated with both measures of multicultural competence, MCI-R Overall,  $r(117) = .23, p < .05$  and CCCI-R Overall  $r(117) = .28, p < .01$  (Table 14). The MCI-R Knowledge subscale,  $r(117) = .36, p < .01$ , was correlated with the values integrationist variable. All of the CCCI-R subscales were correlated with the values variable; Skills,  $r(117) = .18, p < .05$ ; Awareness,  $r(117) = .31, p < .01$ , and Cultural Sensitivity,  $r(117) = .26, p < .01$ .

Table 14. Multicultural Competence Correlations for High Integrationists in the Values Domain (n = 119)

	1	2	3	4	5	6	7	8	9
1. <i>Integrationist Values</i>	-	.23*	.36**	.00	.17	.28**	.18*	.31**	.26**
2. <i>MC Overall (MCI-R)</i>		-	.83**	.83**	.63**	.69**	.64**	.50**	.56**
3. <i>Knowledge</i>			-	.46**	.40**	.59**	.49**	.51**	.45**
4. <i>Awareness</i>				-	.34**	.52**	.51**	.29**	.49**
5. <i>Skills</i>					-	.50**	.47**	.38**	.32**
6. <i>MC Overall (CCCI-R)</i>						-	.89**	.77**	.76**
7. <i>Skills</i>							-	.47**	.55**
8. <i>Awareness</i>								-	.50**
9. <i>Cultural Sensitivity</i>									-

*Note:* MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

*Employment:* The acculturation integrationist employment variable was correlated with multicultural competence using the MCI-R, for the Overall score,  $r(145) = .18, p < .05$  and the Awareness subscale,  $r(145) = .17, p < .05$ . The integrationist employment variable was also correlated with the second measure of multicultural competence, the CCCI-R, Overall score,  $r(145) = .27, p < .01$ , and the following subscales, Skills  $r(145) = .30, p < .01$  and Awareness  $r(145) = .27, p < .01$  (Table 15).



Table 15. Multicultural Competence Correlations for High Integrationists in the Employment Domain (n = 147)

	1	2	3	4	5	6	7	8	9
1. <i>Integrationist Employment</i>	-	.18*	.13	.17*	.12	.27**	.30**	.27**	.11
2. <i>MC Overall (MCI-R)</i>		-	.86**	.82**	.63**	.60**	.63**	.55**	.62**
3. <i>Knowledge</i>			-	.51**	.44**	.62**	.52**	.52**	.56**
4. <i>Awareness</i>				-	.31**	.51**	.48**	.38**	.47**
5. <i>Skills</i>					-	.48**	.48**	.37**	.34**
6. <i>MC Overall (CCCI-R)</i>						-	.92**	.85**	.78**
7. <i>Skills</i>							-	.62**	.57**
8. <i>Awareness</i>								-	.59**
9. <i>Cultural Sensitivity</i>									-

Note: MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

#### *Regression Analyses (Integrationists):*

Linear and multiple regression analyses using the enter method were conducted using PASW 20 (SPSS) statistical software. Table 16 presents a summary of the integrationist regression analyses.

*Culture:* A regression analysis, predicting multicultural competence from high culture integrationists, was statistically significant using the MCI-R Overall score  $F_{(1,148)}=16.1, p < .001$  that accounted for 9.2% of the variance; and the CCCI-R Overall score  $F_{(1,148)}=10.6, p < .01$  that accounted for 6% of the variance. Multiple regression analyses using the multicultural competence subscales of both the MCI-R and CCCI-R were conducted but were not retained because they were not statistically significant.

*Values:* A regression analysis, predicting multicultural competence from high values integrationists, was statistically significant using the MCI-R Overall score,  $F_{(1,117)}=6.5, p < .05$  that accounted for 4.5% of the variance and with the CCCI-R Overall score  $F_{(1,117)}=10.1,$

$p < .05$  that accounted for 7.2% of the variance. Multiple regression analyses using subscales of both multicultural competence measures were conducted but were not statistically significant.

*Employment:* A regression analysis, predicting multicultural competence for high integrationists in the employment domain, was statistically significant using the MCI-R Overall score  $F_{(1,145)} = 5.0$ ,  $p < .05$  that accounted for 2.7% of the variance; and the CCCI-R Overall score  $F_{(1,145)} = 11.3$   $p < .01$  that accounted for 6.7% of the variance. Multiple regression analyses using subscales of both multicultural competence measures were conducted but were not statistically significant.

Table 16. Regression Analyses for Integrationists per Domain

	Multicultural Competencies	
	MCI-R Overall	CCCI-R Overall
<i>Integrationist Culture (n=150)</i>		
<i>B</i>	4.1	3.5
<i>SEB</i>	.5	.8
<i>B</i>	.3	.26
<i>R</i> <sup>2</sup>	.098	.07
<i>F</i>	16.1***	10.6**
<i>Integrationist Values (n=119)</i>		
<i>B</i>	4.5	3.1
<i>SEB</i>	.56	.87
<i>B</i>	.23	.28
<i>R</i> <sup>2</sup>	.05	.08
<i>F</i>	6.5*	10.1**
<i>Integrationist Employment (n=147)</i>		
<i>B</i>	5.0	3.5
<i>SEB</i>	.5	.8
<i>B</i>	.18	.27
<i>R</i> <sup>2</sup>	.03	.07
<i>F</i>	5.0*	11.3**

Note: MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



*Individualist Acculturation Orientation per Domain*

Table 17. Multicultural Competence Means and Standard Deviations for High Individualists per Domain

	Acculturation Individualist					
	Culture (n = 92)		Values (n=32)		Employment (n=160)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<i>Acculturation Individualist</i>	6.12	.81	5.72	.73	6.58	.65
Multicultural Competence Overall (MCI-R)	3.05	.41	3.00	.46	3.03	.40
Knowledge	2.66	.40	2.59	.45	2.64	.37
Awareness	2.90	.69	2.91	.66	2.89	.65
Skills	3.26	.45	3.19	.40	3.19	.46
Multicultural Competence Overall (CCCI-R)	4.69	.38	4.63	.38	4.68	.38
Skills	5.07	.42	5.06	.41	5.05	.44
Awareness	5.03	.46	4.94	.50	5.00	.46
Cultural Sensitivity	4.30	.63	4.11	.73	4.33	.63

*Note:* MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; Acculturation (7-point scale); MCI-R (4-point scale); CCCI-R (6-point scale)

Pearson correlational analyses were conducted for the acculturation individualist variables per domain and multicultural competencies.

*Culture and Values:* The individualist culture variable was correlated with both multicultural competencies measures, MCI-R Overall,  $r(90) = .23, p < .05$  and CCCI-R Overall  $r(90) = .24, p < .05$ . The individualist culture variable was also correlated with the Knowledge subscale of the MCI-R,  $r(90) = .22, p < .05$  and the Skills subscale of the CCCI-R,  $r(90) = .26, p < .05$  (Table 18). The values individualist variable was only correlated with the MCI-Skills subscale,  $r(30) = .37, p < .05$  (Table 19).

Table 18. Multicultural Competence Correlations for High Individualists in the Culture Domain (n = 92)

	1	2	3	4	5	6	7	8	9
1. <i>Individualist Culture</i>	-	.23*	.22*	.16	.18	.26*	.24*	.19	.18
2. <i>MC Overall (MCI-R)</i>		-	.85**	.81**	.64**	.64**	.58**	.51**	.55**
3. Knowledge			-	.47**	.48**	.57**	.50**	.48**	.47**
4. Awareness				-	.29**	.44**	.40**	.33**	.42**
5. Skills					-	.48**	.51**	.37**	.31**
6. <i>MC Overall (CCCI-R)</i>						-	.92**	.84**	.75**
7. Skills							-	.64**	.56**
8. Awareness								-	.52**
9. Cultural Sensitivity									-

Note: MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 19. Multicultural Competence Correlations for High Individualists in the Values Domain (n = 32)

	1	2	3	4	5	6	7	8	9
1. <i>Individualist Values</i>	-	.13	.03	.09	.37*	.08	-.10	.20	.19
2. <i>MC Overall (MCI-R)</i>		-	.92**	.86**	.73**	.68**	.55**	.59**	.56**
3. Knowledge			-	.66**	.59**	.63**	.51**	.59**	.47**
4. Awareness				-	.46**	.55**	.40*	.48**	.57**
5. Skills					-	.48**	.47**	.33	.35*
6. <i>MC Overall (CCCI-R)</i>						-	.85**	.77**	.79**
7. Skills							-	.40*	.54**
8. Awareness								-	.52**
9. Cultural Sensitivity									-

Note: MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



*Employment:* The individualist acculturation employment variable was correlated with multicultural competence, MCI-R Overall,  $r(158) = .19, p < .05$  and the CCCI-R Overall is  $r(158) = .22, p < .01$ . The individualist employment variable was also correlated with the Knowledge subscale of the MCI-R,  $r(158) = .19, p < .05$ . The individualist employment variable was correlated with the following subscales of the CCCI-R, Skills,  $r(158) = .19, p < .05$ ; Awareness  $r(158) = .22, p < .01$ ; and Cultural Sensitivity,  $r(158) = .16, p < .05$  subscales (Table 20).

Table 20. Multicultural Competence Correlations for High Individualists in the Employment Domain (n = 160)

	1	2	3	4	5	6	7	8	9
1. <i>Individualist Employment</i>	-	.19*	.19*	.14	.10	.22**	.19*	.22**	.16*
2. <i>MC Overall (MCI-R)</i>		-	.85**	.82**	.62**	.69**	.63**	.54**	.59**
3. Knowledge			-	.50**	.49**	.60**	.50**	.53**	.52**
4. Awareness				-	.32**	.52**	.50**	.36**	.48**
5. Skills					-	.47**	.46**	.35**	.33**
6. <i>MC Overall (CCCI-R)</i>						-	.91**	.81**	.78**
7. Skills							-	.56**	.56**
8. Awareness								-	.54**
9. Cultural Sensitivity									-

Note: MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

#### *Regression Analyses (Individualists):*

Multiple linear regression analyses using the enter method were conducted using PASW 20 (SPSS) statistical software. Table 21 presents a summary of the integrationist regression analyses.

*Culture:* A regression analysis, predicting multicultural competence from high culture individualists, was statistically significant using the MCI-R Overall score,  $F_{(1,90)} = 5.2, p < .05$ ,

that explained 5.4% of the variance and using the CCCI-R Overall score,  $F_{(1,90)}=6.3$ ,  $p < .05$  that explained 6.5% of the variance. Multiple regression analyses with the subscales of both measures of multicultural competence were conducted but were not statistically significant.

*Values:* A regression analysis was not required as both measures of multicultural competence, the MCI-R Overall and CCCI-R Overall scores, were not correlated with the individualist values item.

*Employment:* A regression analysis, predicting multicultural competence from high employment individualists, was statistically significant using the MCI-R Overall score,  $F_{(1, 158)}=5.2$   $p < .05$ , explaining 3.2% of the variance, but not the CCCI-R Overall score (Table 21).

Table 21. Regression Analyses for Individualists per Domain

	Multicultural Competencies	
	<i>MCI-R Overall</i>	<i>CCCI-R Overall</i>
<i>Individualist Culture (n = 92)</i>		
<i>B</i>	4.7	3.6
<i>SEB</i>	.62	1.0
<i>B</i>	.23	.26
<i>R<sup>2</sup></i>	.05	.07
<i>F</i>	5.2*	6.3*
<i>Individualist Values (n=32)</i>		
	ns	ns
<i>Individualist Employment (n = 160)</i>		
<i>B</i>	6.1	ns
<i>SEB</i>	.27	
<i>B</i>	.18	
<i>R<sup>2</sup></i>	.03	
<i>F</i>	5.2*	

*Note:* MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



*Hypothesis 2:*

Self-reported perceived psychologist / therapist self-efficacy related to working with multicultural clients will be predicted by high self-reported multicultural competence.

In order to test this hypothesis, high self-reported multicultural competence scores using both measures of multicultural competence (MCI-R and CCCI-R) were correlated with self-efficacy, using the COSE-CCS. The COSE-CCS items were scored on a 6-point scale ranging from *strongly disagree* (1) to *strongly agree* (6). The mean score of the COSE-CCS scale was 4.79 ( $SD = 1.05$ ).

Self-efficacy was correlated with multicultural competence using the MCI-R Overall,  $r(92) = .32, p < .01$ ; and the following subscales of the MCI-R, Awareness,  $r(92) = .21, p < .05$ ; and Skills  $r(92) = .25, p < .01$  (Table 22). A regression analysis, predicting self-efficacy scores (COSE-CCS) from multicultural competence (MCI-R Overall), was statistically significant,  $F(1,92) = 10.1, p < .01$  and accounted for 9.9% of the variance. Multiple regression analyses using the MCI-R subscales were conducted but did not yield not statistically significant results (Table 24).

Table 22. Self-efficacy Correlations with Multicultural Competence using the MCI-R (n = 94)

	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
1. Self-efficacy	4.57	.91	-	.32**	.14	.21*	.25*
2. MC Overall (MCI-R)	3.37	.22		-	.68**	.64**	.49**
3. Knowledge	2.90	.25			-	.09	.14
4. Awareness	3.38	.48				-	.21*
5. Skills	3.44	.41					-

Note: MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

Self-efficacy also correlated with multicultural competence using the CCCI-R Overall,  $r(44) = .52, p < .01$ ; and the following CCCI-R subscales, Skills,  $r(44) = .51, p < .01$ ; and Awareness,  $r(44) = .44, p < .01$  (Table 23). A regression analysis, predicting self-efficacy scores (COSE - CCS) from multicultural competence (CCCI-R Overall), was statistically significant,  $F(1,44)$

=15.8,  $p < .001$  and accounted for 26.4% of the variance (Table 24). Multiple regression analyses using the CCCI-R subscales were conducted but did not yield not statistically significant results.

Table 23. Self-efficacy Correlations with Multicultural Competence using the CCCI-R ( $n = 46$ )

	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
1 Self-efficacy	4.79	1.05	-	.52**	.51**	.44**	.04
2 MC Overall (CCCI-R)	5.17	.17		-	.71**	.67**	.47**
3 Skills	5.59	.20			-	.34*	-.08
4 Awareness	5.47	.29				-	.03
5 Cultural Sensitivity	4.95	.49					-

Note: MC = Multicultural Competence; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

Table 24. Self-efficacy Regression Analyses with Multicultural Competence with the MCI-R ( $n = 94$ ) and CCCI-R ( $n = 46$ )

	Multicultural Competence	
	MCI-R Overall ( $n=94$ )	CCCI-R Overall ( $n=46$ )
<i>B</i>	1.3	3.1
<i>SEB</i>	.4	.79
<i>B</i>	.32	.51
<i>R</i> <sup>2</sup>	.09	.26
<i>F</i>	10.1**	15.8***

Note: MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

## 2.5 Discussion

The main goal of Study 1 was to investigate the relationship between the acculturation orientations, multicultural counseling competencies and perceived self-efficacy among graduate students enrolled in psychotherapy training programs. More specifically, this research aimed to examine the integrationist and individualist acculturation orientations with respect to the culture, values and employment domains in relationship to multicultural competencies. It was also posited that self-efficacy with respect to working in a multicultural setting would be related to



high multicultural competence. The discussion section will be divided as follows: a closer look at the acculturation orientations, multicultural competencies, and self-efficacy.

### *Acculturation*

Global scores for integrationist and individualist acculturation orientations using the culture, values and employment domains did not yield the expected acceptable internal consistencies (Bourhis et al, 2005). In essence, it was expected that integrationist and individualist acculturation orientations across domains would result in a consistent response pattern whereby respondents would show the most open and tolerant attitudes towards immigrants and ethnic minorities (Bourhis et al., 1997; Bourhis et al., 1998). The internal consistencies of domains in the literature are usually based on the combination of items related to employment, cultural maintenance, and endogamy / exogamy. The combination of culture, values and employment domains has yet to be tested in the published literature. Although Bourhis et al., (2005) indicates that the use of individual acculturation domain items are acceptable, the higher than anticipated endorsement of individualist and assimilationist acculturation orientations in the employment domain warrant further investigation.

In this study, the employment domain was negatively correlated with the values and culture domains. There are several possible explanations for this unexpected finding. Firstly, the articulation of the integrationist employment item, *“Employers should be as likely to hire an immigrant as a Canadian candidate, and this, regardless of the cultural habits of the immigrants”*, does not appear to present the dual acceptance of both host and immigrant perspectives to the same degree as the culture and values domain (Ryder, Alden, & Paulhus, 2000). The latter half of the item, *“regardless of the cultural habits of the immigrants”* might also be a contributing source of the contradictory results, as it reinforces a polarising, often polemic, public discourse regarding reasonable accommodations. A third possible explanation might be related to pre-existing attitudes toward the type of immigrant employment, more specifically, whether it relates to insertion into the new country or maintenance as a means for upward mobility (Schwartz et al., 2013; Sue et al., 2013). Finally, the higher proportion of respondents endorsing the assimilationist orientation in the employment domain suggests that

with respect to employment, conforming to Canadian and/or Quebecois standards is preferred. This finding suggests that perhaps organizational culture takes priority over an individual's personal acculturation attitudes.

### *Multicultural Competence*

Overall, multicultural competencies were correlated with each acculturation domain for both high integrationist and individualist endorsers. The integrationist endorser correlations were comparable to the individualist results. The low number of individualist endorsers in the values domain may explain the insignificant correlations. The correlations for each of the multicultural competencies scales were between  $r = 0.2$  and  $r = 0.4$  as expected. The regressions revealed that the proportion of variance explained was between 2% to 10%, across the acculturation domains. The proportion of variance accounted for was higher for integrationist than individualists. This may be explained by fact that a lower proportion of participants endorsed high individualist acculturation orientations.

The only subscales retained for the MCI-R assessment were awareness, knowledge and skills. Due to a low internal consistency of the MCI-R relationship subscale, it was not retained for this study. It is posited that the inclusion of a relationship dimension may help account for more of the variance. The elimination of the relationship subscales is not surprising since the participants were graduate students and 70% reported limited professional experience of less than one-year. If statistically viable, further analyses should retain the relationship subscale and retest these hypotheses with a trainee population who has more practical experience. It may also be more appropriate to administer the MCI-R with the relationship subscale to a trainee population that asks participants to comment on a specific client. In other words, run the study examining both client and psychologist perspectives.

In general, the correlations and regression analyses supported the hypotheses for high integrationist and individualist endorsers. Given that the hypothesized results were demonstrated with two of the most widely accepted, reliable and valid measures of multicultural competencies



is promising. Study 1 provides evidence for the importance of understanding how pre-existing attitudes can impact behavioural outcomes.

### *Self-Efficacy*

The second research question hypothesized that high scores on multicultural competence predicted high perceived self-efficacy related to working in a multicultural context. The hypothesis was supported using both the MCI-R and CCCI-R measures of multicultural competence. Perceived self-efficacy with respect to working in a multicultural context as measured by the COSE-CCS subscale was correlated with both MCI-R overall,  $r(92) = .32$ ,  $p < .01$ , and the CCCI-R Overall,  $r(45) = .51$ ,  $p < .01$ . The stronger association of self-efficacy with the CCCI-R may be explained by the scale composition that includes a special focus on cultural sensitivity that parallels the COSE-CCS. For example, both measures examine bridging cultural differences, understanding the importance of different perspectives and barriers. The stronger complementarity between the COSE-CCS and the CCCI-R was also demonstrated through the regression analysis, whereby the MCI-R Overall accounted for 9.9% of the variance in comparison to the CCCI-R which explained 26.4% of the variance, despite drawing from a sample of only 46 respondents.

## 2.6 Conclusion

The findings from Study 1 are encouraging as they provide evidence for the predictive relationship of acculturation with respect to multicultural competence and perceived self-efficacy for working with a multicultural clientele. This research is also one of the first studies to use the Host Community Acculturation Scale (HCAS) with a population of graduate students enrolled in psychotherapy training programs in a professional training context.

The fact that the multicultural competence relationship hypotheses were supported, using two different valid and reliable instruments indicates that further investigation is warranted. The following will outline a few limitations of the study. Firstly, it is plausible the strength of the multicultural competency relationships with acculturation and self-efficacy may be stronger in a

study with greater controlled parameters in a non-correlational design. For example, program-level knowledge of student experience would have created a tighter control on the three month employment or practicum experience study eligibility requirement. A few cases were thrown out due to little or no practical professional experience. A second limitation is that the cultural diversity of the clients is unknown as it was based on the perceptions, and some of the multicultural interactions may have been invisible to the therapist in training. With limited information about the nature of the respondents' clientele, whether they say like ethnocultural dyads, and 64% reported limited multicultural experience, the findings are based mainly on perceptions. The email invitation and reminders were released to second-year students enrolled in graduate programs. In contrast to online questionnaires, paper administrations yield higher response rates and provide more controlled environments for principal investigators (Dillman, 2000). However, the online administration made it possible to reach a larger sample in a short period of time that would not have occurred with a paper administration.

The present findings provide the basis for expanding the multicultural competence, acculturation orientations and efficacy of the psychotherapy relationships beyond a one-dimensional perspective. Study 2 will investigate acculturation orientations, multicultural competence and the working relationship of psychologists and ethnically diverse client dyads in a psychotherapy context. This study will allow for testing multiple perspectives of the IAM, multicultural competencies and the efficacy of the working alliance of psychologists and their clients.



## CHAPITRE III

### ÉTUDE 2

Study 2 examined the acculturation orientations, multicultural competence and working alliance of ethnically diverse psychologist-client dyads. The goal of study 2 was to build on the findings from Study 1 and investigate the constructs in a clinical setting with ethnically diverse psychotherapy dyads.

#### 3.1 Hypotheses

The hypotheses for study two were:

- 1) Self-reported perceived psychologist / therapist self-efficacy related to working with multicultural clients will be predicted by high self-reported multicultural competence.
- 2) High scores on integrationist and individualist acculturation orientations of psychologists / therapists will be associated with high levels of perceived self-reported multicultural competencies.
- 3) Acculturation orientation (integrationist and individualist) psychotherapy-dyad matches will predict more favorable client perceptions of the working alliance.
- 4) High multicultural competencies will moderate the effect of dissimilar acculturation orientations (integrationist and individualist) on the working alliance from the therapist perspective.
- 5) High multicultural competencies will moderate the effect of dissimilar acculturation orientations (integrationist and individualist) on the working alliance from the client perspective.

The goal of hypotheses one and two was to replicate the findings from Study 1 in a practical setting with experienced psychologists and graduate students enrolled in a psychotherapy

training program completing their final internship. As with Study 1, the second study was also in a university setting and expected that that host majority members would endorse integrationist and individualist acculturation orientations (Sadfar et al., 2008). Psychologist multicultural competence is also hypothesized to predict high perceived self-efficacy related to working with a multicultural clientele (Constantine et al, 2001). The third research question explores the predictive impact of acculturation orientation matches on clients' perceptions of the working alliance. It is hypothesized that clients who perceive that their therapists understands their worldview, as defined in this study as acculturation orientations, will report more favorable working alliance.

Hypotheses 4 and 5 explore the transactional nature of psychotherapy. More specifically, how multicultural competencies moderates the impact of dissimilar acculturation orientations on the working alliance. Multicultural competencies can theoretically serve as a basis to counterbalance discordant acculturation orientations. In other words, multicultural competencies provide an individual the ability to work within a framework that is not always a favourable intercultural environment. Multicultural competence may moderate the effect of an unfavourable orientation match on relationship success which is defined as the working alliance in this study. It is hypothesized that if therapists have high multicultural competence, the impact of a negative orientation match would be moderated (i.e., pairs with a negative orientation match would still show positive outcomes).

To better illustrate the theoretical model, the case of two psychologists with different multicultural competence levels will be presented. For example, Therapist 1 is a multiculturally competent integrationist, working with an assimilationist client. The relational outcomes of host and immigrant acculturation orientations presented in Figure 4 (Chapter 1), predicts that this type of pairing leads to a problematic relationship. However, in this case, multicultural competence serves to minimize what would otherwise be a problematic rapport, and results in a strong working alliance for both client and psychologist. On the other hand, Therapist 2 is also an integrationist paired with an assimilationist client, but one who scores low on multicultural competence. Unfortunately without the multicultural skillset to help offset the difficult pairing, the relational outcome is problematic. In other words, a therapist with low multicultural



competence can expect the ethnoculturally diverse therapist-client dyads to play out as predicted in Figure 4. This research predicts only psychologists with multicultural competence have the requisite skillset to counterbalance the likely problematic and conflictual multicultural relationships.

### 3.2 Method

A total of thirty-two psychologist-client dyads from a psychological service centre in a large, English language urban Canadian university, participated in Study 2. The majority of universities in Canada offer on-campus psychological support services for enrolled students. On many campuses, psychological service centres also provide internships for graduate students enrolled in psychotherapy training programs. The therapy-client dyads were asked to complete the questionnaires with their psychotherapy relationship in mind. Clients had to be actively working with the therapist during the academic year that Study 2 was conducted.

#### *Recruitment and Procedures*

A letter of invitation to participate in Study 2 was sent to the director of a university psychological service centre who in turn invited the principal investigator to give a brief presentation about the research to the psychologists at a staff meeting. Prior to data collection for study 2, the psychological service centre expressed a preference for completing paper instead of online forms as originally planned. The reasons for this preference were ease of: 1) confidentiality management for both clients and therapists; and 2) completion for therapists. A neutral third party with no connection to the psychological service centre linked the psychologist-client information for matching purposes only, and destroyed the link shortly after the data file was created. Nominative information linking specific clients with a therapist was never shared with anyone, including members of the psychological service centre and the principal investigator.

In order to be considered for the study, clients were required to have worked with the therapist during the academic year. The clients completed the measures first; once the entire client

information was collected, the psychologists were invited to complete the questionnaires with the specific client in mind.

Clients were invited to participate in the study via an email invitation sent out by the psychological service centre. Clients interested in the study contacted a neutral third party member of the research team for more information. The neutral third party contact provided the informed consent form. Once the informed consent form was returned (via email in a password protected file), a randomly generated code per therapist was shared with the principal investigator, which was then linked to a second randomly generated client code. Client participants were then emailed a unique randomly generated access code to complete the online questionnaire by the principal investigator. The questionnaire included general items about acculturation attitudes and specific items about the working relationship with their therapist.

Once the client completed the online form, therapists were invited to complete a similar questionnaire with the specific client in mind. In cases where psychologists were invited to comment on more than one client, they were asked to complete a general questionnaire with measures of acculturation, multicultural competence, self-efficacy, social desirability and demographics once. A separate working alliance measure for each client was provided for completion. All paper forms were delivered to the psychological service centre front desk in a sealed and signed envelope to be opened by a member of the psychological service centre for distribution to the psychologists. The client-specific paper forms included a note with the name of the client which was prepared by the neutral third party. To maintain anonymity and confidentiality, therapists were asked to detach and destroy the note from the form before returning it to the principal investigator.

### *Measures*

The following section outlines the measures completed by clients and psychologists. All measures in Study 2 were available in English.



### 3.2.1 Psychologist Measures

Psychologists / therapists were asked to complete an acculturation orientation measure, the Host Community Acculturation Scale, two multicultural competence measures; the Cross-Cultural Competence Inventory – Revised (CCCI-R, referent to the psychologist) and the Multicultural Counselling Inventory – Revised (MCI-R), a measure of psychologist's perception of the psychotherapy dyad working alliance, the Working Alliance Inventory (SR – Therapist), a measure of perceived self-efficacy, Counselling Self-Estimate Inventory (COSE), a social desirability scale, the Marlowe-Crowne Social Desirability Scale (MCSDS – Short Form), as well as a short modified demographic questionnaire (Appendix I).

#### *Psychologist Measure of Acculturation: Host Community Acculturation Scale (HCAS)*

The *Host Community Acculturation Scale (HCAS)* – was developed by Bourhis et al. (1997) and adapted in 2005 (Bourhis et al., 2005). The scale measures the five acculturation orientations: integrationist, assimilationist, segregationist, exclusionist and individualist of host community members. The measure is comprised of 5 items per contextualized domains to be used if pertinent to acculturation issues for different immigrant-host community relations. For the purpose of this study, culture, values, and employment domains were retained, totalling 15 items. The term «immigrants» was used throughout the questionnaire. For the purpose of this research, the term immigrant is used in a broad sense and refers to people who were born in another country and their second and third generation descendants.

The items were scored on a 7-point Likert scale (1 = *do not agree at all* to 7 = *totally agree*). While all 15 items were administered to participants, only the integrationist and individualist items per domain were retained for the analyses. The integrationist questions are: “*Immigrants should maintain their own cultural heritage while also adopting the Canadian culture*” (Culture); “*Immigrants should retain the values of their heritage culture and also adopt key features of Canadian values*” (Values); and “*employers should be as likely to hire an immigrant as a Canadian candidate, and this, regardless of the cultural habits of the immigrants*” (Employment). The individualist items per domain are: “*Whether immigrants maintain their*

*cultural heritage or adopt the Canadian culture makes no difference to me because each person is free to adopt the culture of his/her choice” (Culture); “I care little about whether immigrants retain their heritage culture values or adopt Canadian mainstream values as it is personal values and aspirations which count most to me” (Values); and “only the individual merits of the candidate should be considered, whether a candidate is an immigrant or Canadian” (Employment).*

As mentioned in the reporting of Study 1 above, the HCAS measure has demonstrated high internal consistency reliability in the literature with a coefficient alpha over 0.8 for each acculturation orientation (Montreuil et al., 2001). While the combination of domains used in this study yielded an acceptable internal consistency for the individualist orientation ( $\alpha = .70$ ); the internal consistency was unacceptable for the integrationist orientation ( $\alpha = .03$ ). As a result, integrationist and individualist items per domain were used for statistical analyses.

#### *Psychologist Measures of Multicultural Competence*

Two measures of therapist multicultural competence were used in Study 2; the Multicultural Counseling Inventory – Revised and the Cross-Cultural Competence Inventory – Revised.

#### *Multicultural Counselling Inventory – Revised (MCI-R):*

The first measure, the *Multicultural Counselling Inventory* was developed by Sadowsky et al., (1994) and is considered one of the most reliable multicultural competence assessments (Kocarek et al., 2001; Ponterotto et al., 1996). A revised version of the instrument was used for this research and will be referred to as the Multicultural Counselling Inventory – Revised (MCI-R). The 32-item self-report measure of therapist competence was developed based on Sue’s theoretical model. For this investigation, a short version of the instrument was used based on feedback from Study 1. The MCI-R consists of three subscales that are scored on a four point Likert-type scale with (1 = *very inaccurate* to 4 = *very accurate*). The 32-item MCI short form yielded an internal consistency of 0.81. The subscales with their respective number of items and reliability coefficients are: Skill (11 items;  $\alpha = .72$ ), Awareness (10 items;  $\alpha = .65$ ), and



Knowledge (11 items;  $\alpha = .80$ ). Sample items include: *"I use varied counselling techniques and skills. My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighbourhoods, marriage, and friendship). I consider the range of behaviors, values, and individual differences within a minority group"*.

#### *Cross-Cultural Competency Inventory – Revised (CCCI-R):*

As for the clients, a parallel therapist version of the CCCI-R (LaFromboise et al., 1991) was administered to psychologists in this study. The 20-item instrument is scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*), consists of three subscales: cross-cultural counselling skill (10 items), socio-political awareness (6 items) and cultural sensitivity (4 items). Some sample items are: *"Therapist /Counsellor is aware of his or her own cultural heritage"*, *"Therapist /Counsellor demonstrates knowledge about client's culture"*.

Internal consistencies (Cronbach alpha) of .95 have been reported in the literature. A Cronbach alpha of .88 was computed for the 20-item measure for this investigation, with internal consistencies of  $\alpha = .75$  for the cross-cultural counselling skill,  $\alpha = .67$  for socio-political awareness and  $\alpha = .76$  for the cultural sensitivity subscale.

#### *Psychologist Measure of Perceived Self-Efficacy Related to Multicultural Competence*

A psychologist self-efficacy scale related to multicultural cultural competence was measured via the Cultural Competence subscale of the Counselling Self-Estimate Inventory (COSE-CCS) developed by Larson and colleagues (1992). The COSE is the most widely used measure of therapist trainee self-efficacy (Larson et al., 1998) and originally developed for use in training, supervision and research. The COSE-CCS consists of four items that assesses the therapist's self-perceived ability to help clients from various cultures. The internal consistency for the COSE-CCS in the published literature is  $\alpha = .75$  and yielded a Cronbach's alpha of .67 for this investigation. Participants were asked to indicate their level of agreement with each statement on a 6-point scale ranging from *strongly disagree* (1) to *strongly agree* (6). Sample items include: *"I will be an effective therapist/counsellor with clients of a different social class"*, *"When working*

*with ethnic minority clients I am confident that I will be able to bridge cultural differences in the psychotherapeutic process”.*

*Psychologist Measure of Social Desirability: Marlowe-Crowne Social Desirability Scale (MCSDS – Short Form)*

The short-form of the Marlowe-Crowne Social Desirability Scale, the MCSDS-Form C (Crowne et al., 1960; Reynolds, 1982) was administered to therapists at the end of the paper questionnaire. Internal consistency this study was consistent with the published literature is .79 (Reynolds, 1982).

*Psychologist Measure of the Psychotherapy Dyad Working Alliance: Working Alliance Inventory Therapist Short Form (WAI-SR-Therapist)*

The WAI-SR-Therapist is the most widely used measure of working alliance. Items are rated on a seven point scale with 1 = never to 7 = always. It consists of 12 items with three main components: bond, goals and tasks (Horvath et al., 1986 and 1989). The internal consistency in the published literature is .90 and was .87 for the present study. The subscale internal consistencies are  $\alpha = .76$  (bond),  $\alpha = .50$  (goals), and  $\alpha = .62$  (tasks).

*Psychologist Demographic Questionnaire:*

A short demographic questionnaire was administered with variables that controlled for the respondent's background. Questions related to the years of professional psychotherapy experience, theoretical orientation and the amount of multicultural training, both formal, (e.g., courses for credit), and informal, (e.g., non-credit courses or workshops offered by association or at professional conferences).



### 3.2.2 Client Measures

Clients were asked to complete the Revised Immigrant Acculturation Scale (IAS-R), Cross-Cultural Competency Inventory – Revised (CCCI-R), the Working Alliance Inventory (Client Short Form), the Marlowe-Crowne Social Desirability Scale (MCSDS – Short Form), as well as a short demographic questionnaire (Appendix G). Descriptions of each measure are presented below.

#### *Client Measure of Acculturation: Revised Immigrant Acculturation Scale (IAS-R)*

The Revised Immigrant Acculturation Scale (IAS-R) measures the acculturation orientations of immigrants and their descendants. The five acculturation orientations are: integrationist, assimilationist, separatist, marginalist, and individualist. For the purpose of this study, the domains selected are parallel to the life domains used for the Host Community Acculturation Scale administered to psychologists. The selected life domains are: culture, values, and employment, totalling 15 items. The items were scored on a 7-point Likert scale (1 = do not agree at all to 7 = totally agree).

Early work on the IAM exclusively proposed the use of the Immigrant Acculturation Scale (IAS) to measure immigrant acculturation dimensions. Ryder and colleagues (2000) proposed and validated the Vancouver Index of Acculturation as a means to avoid the use of double-barrelled questions that are part of the original IAS. Although the Vancouver Index of Acculturation demonstrates content validity proposed by Berry's acculturation orientations, only the aforementioned selected domains from the revised IAS developed by Bourhis and Barette (2004) were used in this study. The revised IAS significantly reduced the number of double barrelled questions and was more closely aligned with the Host Community Acculturation Scale. The measure required further testing for validation (Bourhis et al., 2004). The internal consistency for the integrationist orientation was .85 and individualist orientation was .81.

*Client Measure of Therapist's Multicultural Competence: Cross-Cultural Competency Inventory (CCCI-R)*

Client's opinion of psychologist multicultural competence was measured using the *Cross-Cultural Competency Inventory (CCCI-R)*. The CCCI-R was developed by LaFromboise et al. (1991) and is a multipurpose tool based on Sue and colleagues' (1982) tripartite model of multicultural competence. The 20-item instrument was scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*), consists of three subscales: cross-cultural counselling skill (10 items), socio-political awareness (6 items) and cultural sensitivity (4 items). Some sample items are: "*Therapist /Counsellor is aware of his or her own cultural heritage*", "*Therapist /Counsellor demonstrates knowledge about client's culture*". Internal consistencies (Cronbach alpha) of .95 have been reported in the literature. A Cronbach's alpha of .96 was computed for the 20-item measure in this investigation, with internal consistencies of  $\alpha=.94$  for the cross-cultural counselling skill subscale,  $\alpha=.89$  for socio-political awareness and  $\alpha=.75$  for the cultural sensitivity subscale.

*Client Measure of the Working Alliance: The Working Alliance Inventory Client Short Form (WAI-SR-Client):*

The WAI-SR-Client is the most widely used measure of working alliance. Items were rated on a seven point scale with 1 = never to 7 = always. It consists of 12 items with three main components: bond, goals and tasks (Horvath et al., 1986 and 1989). The internal consistency in the published literature is .09 and was .94 for the present study. The subscale internal consistencies for this study were  $\alpha=.96$  (bond),  $\alpha=.73$  (goals), and  $\alpha=.87$  (tasks).

*Client Measure of Social Desirability: Marlowe-Crowne Social Desirability Scale (MCSDS – Short Form)*

Given the sensitive nature of the acculturation and multicultural competence measures, a social desirability scale was included in the study and administered at the end of the online questionnaire for clients. A short-form of the Marlowe-Crowne Social Desirability Scale, the



MCSDS-Form C (Crowne et al., 1960; Reynolds, 1982) was administered and consists of 13 true-false items that assess how likely participants are to respond in a manner that is generally viewed to be favorable by others. The MCSDS-Form C scores range from 0 to 13, whereby higher scores denote that the respondent “endorses rare positive characteristics and denies common negative characteristics found in the general public” (Worthington et al., 2000; p.462). Internal consistency this study was lower (.50) than the published literature at .77 (Reynolds, 1982). Sample items include: *“No matter who I’m talking to, I’m always a good listener; I sometimes feel resentful when I don’t get my way; and, There have been occasions when I took advantage of someone”*.

#### *Client Demographic Questionnaire:*

A short demographic questionnaire was also administered. The client demographic questionnaire included questions about the client’s cultural background, and time in therapy.

### 3.3 Results

This section summarizes the descriptive statistics for the client and psychologist characteristics, acculturation, multicultural competencies and the working alliance, followed by the statistical results for each of the five hypotheses.

#### *Descriptive Statistics*

Based on a similar power analysis conducted for Study 1, a minimum sample size of 191 psychologist-client dyads was required for adequate power. The minimum number of participants was determined using the same input variables presented above for Study 1.

## *Participant Characteristics*

### *Psychologist Demographics*

Fourteen psychologists / therapists participated in Study 2; the majority were female (10) and 4 were male. Two-thirds of psychologists were between 26 and 55 years old and one-third were 56 years or older. The majority of psychologists identified as white (13 out of 14 psychologists) and one preferred not to respond to this question. Twelve out of the fourteen of respondents identified with European-Canadian heritage and two of non-European heritage.

### *Psychologists' Professional Training:*

Eleven of the respondents completed a master's degree and three completed a doctorate. Therapists' professional experience was five years or less (n=6) six to fifteen years (n=4), over fifteen years (n=4). The professional orientation of respondents was eclectic (n=6), behavioural / cognitive (n=2), humanist (n=4), and integrative (n=2). Twelve of the therapists reported taking a formal course in multicultural issues and all reported attending workshops on a variety of diversity issues, such as, gender, sexuality and religion.

### *Psychologists' Description of Clientele:*

Psychologists were also asked to comment on the cultural diversity of their clientele. The distribution of visible minority clientele is characterized as: less than 5% (n=2); 25% (n=2); 50% (n=6) and 35% (n=4).

### *Client Demographics*

Thirty-seven clients participated in Study 2. Due to a lack of psychologist pairings for five clients, only thirty-two ethnoculturally diverse psychotherapy dyads were retained for Study 2. Participants were mainly female (n= 24) and 8 were male with an average age of 26.9



( $SD = 5.4$ ). Fourteen participants identified as white ethnocultural minorities (for example Jewish, Italian, and Russian) and 18 as visible minorities, more specifically, Chinese ( $n=6$ ); South Asian ( $n=3$ ); Black ( $n=2$ ); Southeast Asian ( $n=1$ ); Arab ( $n=2$ ); West Indian ( $n=1$ ); and mixed racial / ethnic identity ( $n=3$ ). The majority of participants ( $n=20$ ) were enrolled in postgraduate studies; professional degree ( $n=3$ ); master's ( $n=8$ ); doctoral ( $n=6$ ) and postdoctoral fellows ( $n=3$ ); and 12 clients were enrolled in a bachelor's level program.

#### *Clients' Status and Time in Therapy*

Half of the respondents were completing therapy ( $n=16$ ), three had just started and 13 planned to continue. When asked about how much time since they sought therapy on-campus, two reported that it was less than one month, six for less than a semester, 11 were in therapy for more than a semester and 13 for more than one year. Overall the majority of respondents sought help for problems that were mostly longstanding but worse recently ( $n=22$ ) and ten for problems that had developed within the past 6 months to one year.

#### *Psychologist Measure of Perceived Self-Efficacy Related to Multicultural Competence*

Self-reported psychologist self-efficacy related to working in a cross-cultural context was assessed by the 4-item Cultural Competence subscale of the Counselling Self-Estimate Inventory (COSE-CCS) (Larson, et al., 1992). An overall score was computed for the COSE-CCS. The mean score on a 6-point scale ranging from *strongly disagree* (1) to *strongly agree* (6) is 5.0 ( $SD = .44$ ).

#### *Acculturation*

##### *Psychologist Acculturation Orientations*

Psychologist acculturation orientations were measured by the Host Community Acculturation Scale (HCAS). The mean and standard deviations for psychologist acculturation orientations per domain are presented in Table 1. Psychologists endorsed the integrationist and individualist

acculturation orientations, as expected in a University setting (Sadfar et al., 2008). As with the clients' findings, some higher than expected ratings of assimilationist endorsement for the culture and values domains. However, the focus of Study 2 was only on integrationist and individualist acculturation orientations, as these two are considered consistent with higher positive ethnic tolerance attitudes, which are in turn related to harmonious multicultural dyadic relational outcomes and higher therapist multicultural competence (Constantine, 2002).

Table 1. Mean and Standard Deviations for Psychologists' Acculturation Orientations per Domain (N =14)

	Culture M (SD)	Values M (SD)	Employment M (SD)
Integrationist	4.93 (1.00)	5.36 (1.01)	5.14 (1.79)
Individualist	4.14 (1.79)	3.71 (1.77)	6.00 (1.24)
Assimilationist	1.14 (.36)	3.23 (1.24)	2.00 (1.75)
Segregationist	1.64 (.74)	1.86 (.77)	2.29 (1.20)
Exclusionist	1.71 (.73)	1.21 (.43)	1.07 (.27)

#### *Client Acculturation Orientations*

Client acculturation orientations were measured by the Revised Immigrant Acculturation Scale (IAS-R). The mean and standard deviations for client acculturation orientations per domain are presented in Table 2. As expected, respondents in university settings tend to endorse integrationist and individualist acculturation orientations (Sadfar et al., 2008). However, there are some higher than expected ratings of assimilationist endorsement for the culture and values domains.

Table 2. Mean and Standard Deviations of Clients' Acculturation Orientations per Domain (N = 32)

	Culture M (SD)	Values M (SD)	Employment M (SD)
Integrationist	5.41 (1.64)	5.22 (1.72)	5.53 (1.72)
Individualist	3.00 (1.61)	3.41 (1.66)	4.34 (2.10)
Assimilationist	3.44 (2.00)	3.69 (1.91)	2.41 (1.76)
Segregationist	1.50 (.84)	1.69 (1.28)	2.56 (1.70)
Exclusionist	1.72 (1.53)	1.91 (1.78)	2.13 (1.56)



## *Multicultural Competencies*

### *Psychologists' Self-Perceptions of Multicultural Competence*

Psychologist self-reported ratings of multicultural competencies were assessed by two measures, the Multicultural Counseling Inventory – Revised (MCI-R) and the Cross-Cultural Competence Inventory – Revised (CCCI-R). Composite scores were computed for each of the overall scores and their subscales as described above. The MCI-R consists of three subscales that are scored on a four point Likert-type scale with (1 = *very inaccurate* to 4 = *very accurate*). The CCCI-R is scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Means and standard deviations for each measure and their subscales are presented in Table 3 below. For both measures of multicultural competence, the mean scores are on the mid-to high end of their respective spectrums, with a mean score of 3.14 ( $SD = .24$ ) out of 4.0 for the MCI-R and 5.05 ( $SD = .36$ ) out of 7 for the CCCI-R.

Table 3. Means and Standard Deviations of Psychologist Self-Reported Multicultural Competencies using the MCI-R and the CCCI-R (N = 14)

	Mean ( $SD$ )
Multicultural Competence Overall ( <i>MCI-R</i> )	3.14 (.24)
Knowledge	3.22 (.40)
Awareness	2.73 (.31)
Skills	3.48 (.27)
Multicultural Competence Overall ( <i>CCCI-R</i> )	5.05 (.36)
Knowledge	5.28 (.31)
Awareness	5.10 (.43)
Skills	4.43 (.61)

*Note:* MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised

### *Client Perceptions of Psychologist's Multicultural Competence*

The Cross-Cultural Competency Inventory – Revised (CCCI-R) measure was used for client assessment of their psychologist's multicultural competencies. A composite score was computed

by summing all the items in the scale and dividing the sum by the total number of items in each scale. Subscale calculations were also computed using the same technique.

The CCCI-R is scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Table 4 summarizes means and standard deviations of client ratings of their therapist's multicultural competence as an overall score and the measure subscales. The overall mean was on the mid-to high end of the range, with a mean score of 4.94 ( $SD = .80$ ) out of 7.

Table 4. Means and Standard Deviations of Client Perceptions of Psychologists' Multicultural Competencies using the Cross-Cultural Competency Inventory-Revised (N = 32)

	Mean ( $SD$ )
Multicultural Competence Overall (CCCI-R)	4.94 (.80)
Skills	5.18 (.78)
Awareness	4.84 (.86)
Cultural Sensitivity	4.49 (.94)

#### *Working Alliance Ratings from Clients and Psychologists*

Equivalent short forms of the Working Alliance Inventory consisting each of 12 items that were rated in a 7-point scale (1 = never to 7 = always) were administered to clients and psychologists. Composite scores, as well as three subscales for each of the main components, bond, goals and tasks were computed. Table 5 presents a summary of the means and standard deviations for clients and psychologists for the working alliance overall score, as well as the subscales. The mean scores were on the high end of the range for clients at 5.68 ( $SD = 1.03$ ) and psychologists at 5.46 ( $SD = .49$ ).



Table 5. Means and Standard Deviations of the Working Alliance from the Perspective of Clients and Psychologists

	Clients	Psychologists
	M (SD)	M (SD)
Working Alliance Overall	5.68 (1.03)	5.46 (.49)
Task	5.66 (.94)	5.29 (.48)
Bond	5.73 (1.16)	5.73 (.55)
Goals	5.66 (.94)	5.38 (.54)

### *Social Desirability*

#### *Client and Psychologist Ratings*

Clients and psychologists were administered the same 13-item social desirability measure, the Marlowe-Crown Social Desirability Form C. All items are true/false format with item scores ranging from 0 to 13. The mean overall score is 6.5 ( $SD = 2.3$ ) for clients and 7.4 for therapists ( $SD = 2.8$ ).

### *Statistical Analysis*

The following section presents the statistical results for each of the five hypotheses of Study 2. All of the analyses conducted to test the hypotheses used the PASW 20 (SPSS) statistical software.

As mentioned above, a total of 191 psychotherapy dyads were required to test the hypotheses with adequate power. Due to the sensitive nature of this study linking psychologist-client dyad information, it was difficult to obtain permission to collect data in multiple clinical settings. With the aim to achieve optimal sample size, psychologists were invited, when applicable, to comment on more than one working alliance. The analyses below were carried out on 32 psychotherapy dyads with 14 psychologists. Unlike in Study 1 where a discriminant analysis was used for classification, a different technique was used for Study 2. In order to maximize the analytical

potential of the hypotheses below, a categorical variable accounting for the acculturation orientation difference between therapist and client was created for each domain; culture, values and employment. The label “low” was used to describe cases where the psychologist’s integrationist or individualist acculturation orientation was lower than their client (or a negative difference; mean – standard deviation). When the psychologist’s integrationist or individualist acculturation orientation was higher than the client (or a positive difference; mean + standard deviation), the label “high” was used. The creation of the low and high acculturation orientation difference variable also reduces the nesting effects of psychologists commenting on several clients.

Due to the relatively small sample size, bootstrap confidence intervals were created to confirm the validity of the estimates for linear regression analyses (Ponterotto & Park-Taylor, 2007). The bootstrap confidence intervals were based on 1,000 bootstrap samples created by stratified re-sampling from the original data set with 32 psychotherapy dyads with 14 psychologists. The general rule for validation was: if 0 was in the range of the bootstrap confidence interval for a regression coefficient, we accepted the hypothesis that the coefficient was equal to 0, or no effect, even when this hypothesis was rejected by initial data.

Please note that in order to test the hypotheses related to integrationist and individualist acculturation orientations, the acculturation unit of measurement is the psychotherapy dyad acculturation orientation score differences. The categorical variable score differences combined with the bootstrapping technique allows for moderation model testing that controls for possible nesting effects with psychologists commenting on more than one psychotherapeutic relationship. Unless specified, 32 psychotherapy dyadic relationships were retained to optimize analytical power.

### *Results for Hypothesis 1*

Self-reported perceived psychologist / therapist self-efficacy related to working with multicultural clients will be predicted by high self-reported multicultural competence.



Correlational and regression analyses were conducted to test hypothesis 1 (Table 6). Psychologist self-reported perceived self-efficacy using the COSE-CCS, was positively correlated with both self-reported measures multicultural competencies, Multicultural Competence Inventory-Revised (MCI-R Overall),  $r(30) = .55, p < .01$ , and the Cross-Cultural Competence Inventory-Revised (CCCI-R Overall),  $r(30) = .63, p < .01$ . In addition, self-efficacy was correlated with the Awareness,  $r(30) = .49, p < .01$ , and Skills,  $r(30) = .48, p < .01$  subscales of the MCI-R; and all three subscales of the CCCI-R, Skills  $r(30) = .76, p < .01$ , Awareness  $r(30) = .41, p < .05$ , and Cultural Sensitivity  $r(30) = .52, p < .01$ .

Table 6. Psychologist Self-Reported Perceived Self-Efficacy Correlations with Multicultural Competencies (N = 32)

	1	2	3	4	5	6	7	8	9
1. Self-efficacy	-	.55**	.33	.49**	.48**	.63**	.76**	.41*	.52**
2. MC Overall (MCI-R)		-	.84**	.94**	.52**	.78**	.67**	.70**	.81**
3. Knowledge			-	.82**	.03	.73**	.55**	.75**	.79**
4. Awareness				-	.32	.80**	.67**	.73**	.84**
5. Skills					-	.23	.32	.08	.19
6. MC Overall (CCCI-R)						-	.92**	.95**	.92**
7. Skills							-	.79**	.71**
8. Awareness								-	.89**
9. Cultural Sensitivity									-

Note: MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

Hierarchical main effects models were conducted with hierarchical multiple regression analyses predicting perceived psychologist self-reported self-efficacy related to working with multicultural clients for both self-reported multicultural competencies, using the MCI-Skills subscale and the CCCI-R Overall score. Both models were statistically significant with the following predictors; MCI-R Skills,  $F_{(1,30)} = 9.11, p < .01$ , that explained 23% of the variance and CCCI-R Overall  $F_{(1,30)} = 19.45, p < .001$ , that explained 39% of the variance.

Table 7. Regression Analyses for Self-Reported Perceived Self-Efficacy and Multicultural Competencies of Psychologists (N =32)

	<i>B</i>	<i>SE</i>	<i>B</i>	BCa 95% CI	$\Delta R^2$	$\Delta F$	dfs
Multicultural Skills (MCI-R Skills subscale)	1.00	.33	.48**	[1.00, 1.04]	.23**	9.1	1, 30
MC (CCCI-R Overall)	.82	.11	.63***	[.82, .92]	.39***	19.5	1, 30

Note: MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

### *Results for Hypothesis 2*

High scores on integrationist and individualist acculturation orientations of psychologists / therapists will be associated with high levels of perceived self-reported multicultural competencies.

The purpose of the first hypothesis was to investigate the relationship between multicultural competencies and the acculturation orientations of integrationists and individualists for psychologists. Correlational analyses were conducted to test the research question. For Tables 6 to 11, correlations below the diagonal show the “low” cases where the psychologist’s integrationist or individualist acculturation orientation is lower than their client. Whereas, correlations above the diagonal present the “high” cases where the therapist’s integrationist or individualist acculturation orientation is higher than the client (or a positive difference).



*Results for integrationist acculturation orientations in relation to psychologist's self-reported multicultural competencies:*

*Culture Domain*

*Low group (Psychologist's integrationist score is lower than their client):*

The acculturation integrationist culture variable was negatively correlated with psychologists' self-reported multicultural competence using the MCI-R Overall,  $r(30) = -.48, p < .05$ .

*High group (Psychologist's integrationist score is higher than their client):*

The integrationist culture variable was positively correlated with multicultural competence using both measures, the MCI-R Overall scale,  $r(30) = .80, p < .01$ , and the CCCI-R Overall scale,  $r(30) = .79, p < .01$ . Further analyses of the multicultural competence subscales for the MCI-R revealed statistically significant correlations for the Knowledge,  $r(30) = .76, p < .01$ , Awareness  $r(30) = .74, p < .01$ . All three CCCI-R subscales were also positively correlated with the integrationist culture variable, Skills  $r(30) = .56, p < .05$ , Awareness  $r(30) = .85, p < .01$  and Cultural Sensitivity  $r(30) = .84, p < .05$ .

Table 8. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Integrationist Psychotherapy Dyad Score Differences for the Culture Domain (Low:  $n = 19$ ; High:  $n = 13$ )

	1	2	3	4	5	6	7	8	9
1. <i>Integrationist Culture</i>	-	.80**	.76**	.74**	.55	.79**	.56*	.85**	.84**
2. <i>MC Overall (MCI-R)</i>	-.48*	-	.96**	.98**	.45	.90**	.70**	.92**	.93**
3. <i>Knowledge</i>	-.32	.76**	-	.91**	.24	.82**	.60*	.87**	.87**
4. <i>Awareness</i>	-.44	.94**	.73**	-	.40	.91**	.75**	.91**	.91**
5. <i>Skills</i>	-.36	.61**	.01	.45	-	.42	.32	.40	0.49
6. <i>MC Overall (CCCI-R)</i>	-.24	.70**	.64**	.66**	.31	-	.90**	.98**	.96**
7. <i>Skills</i>	-.27	.64**	.53*	.62**	.33	.99**	-	.81**	.74**
8. <i>Awareness</i>	-.11	.57*	.63**	.50*	.17	.93**	.89**	-	.98**
9. <i>Cultural Sensitivity</i>	-.28	.82**	.73**	.78**	.37	.89**	.86**	.71**	-

*Note:* Correlations below the diagonal = "low" where the psychologist's integrationist acculturation orientation score was lower than their client; Correlations above the diagonal = "high" cases where the psychologist's integrationist acculturation orientation score is higher than the client.; MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

### Values Domain

#### *Low group (Psychologist's integrationist score is lower than their client):*

The acculturation integrationist values variable was negatively correlated with one multicultural competence measure, the MCI-R Overall,  $r(30) = -.53, p < .05$  and its Skills subscale,  $r(30) = -.59, p < .05$ . The CCCI-R measures of multicultural competence did not yield any statistically significant findings.

#### *High group (Psychologist's integrationist score is higher than their client):*

There were no statistically significant results for the high group.

Table 9. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Integrationist Psychotherapy Dyad Score Differences for the Values Domain (Low:  $n = 17$ ; High:  $n = 15$ )

	1	2	3	4	5	6	7	8	9
1. <i>Integrationist Values</i>	-	-.22	-.33	-.04	-.19	.23	-.16	-.23	-.05
2. <i>MC Overall (MCI-R)</i>	-.53*	-	.95**	.93**	.44	.63*	.86**	.89**	.86**
3. Knowledge	-.26	.80**	-	.84**	.27	.58*	.83**	.84**	.81**
4. Awareness	-.43	.97**	.80**	-	.21	.60*	.79**	.85**	.80**
5. Skills	-.59*	.60*	0.02	.48*	-	.34	.37	.37	.39
6. <i>MC Overall (CCCI-R)</i>	-.07	.74**	.52*	.72**	.51*	-	.90**	.72**	.76**
7. Skills	.19	.66**	.68**	.69**	.20	.84**	-	.96**	.96**
8. Awareness	-.25	.83**	.74**	.86**	.30	.78**	.79**	-	.94**
9. Cultural Sensitivity	-.05	.79**	.67**	.80**	.40	.96**	.93**	.90**	-

Note: Correlations below the diagonal = "low" where the psychologist's integrationist acculturation orientation score was lower than their client;

Correlations above the diagonal = "high" cases where the psychologist's integrationist acculturation orientation score is higher than the client.

MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$



### Employment Domain

*Low group (Psychologist's integrationist score is lower than their client):*

The acculturation integrationist employment variable was negatively correlated with subscales of each of the multicultural competence measures, MCI-R Awareness subscale,  $r(30) = -.48, p < .05$  and the CCCI-R Skills subscale,  $r(30) = -.51, p < .05$ .

*High group (Psychologist's integrationist score is higher than their client):*

No statistically significant differences were found for the high group.

Table 10. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Integrationist Psychotherapy Dyad Score Differences for the Employment Domain (Low:  $n = 17$ ; High:  $n = 15$ )

	1	2	3	4	5	6	7	8	9
1. <i>Integrationist Employment</i>	-	.12	-.02	.14	.18	.35	-.08	-.29	.03
2. <i>MC Overall (MCI-R)</i>	-.32	-	.82**	.97**	.50	.61*	.67**	.78**	.74**
3. Knowledge	-.36	.88**	-	.86**	-.06	.47	.68**	.74**	.68**
4. Awareness	-.48*	.92**	.79**	-	.33	.67**	.72**	.79**	.79**
5. Skills	.21	.54*	.19	.29	-	.26	.09	.22	.22
6. <i>MC Overall (CCCI-R)</i>	-.26	.74**	.65**	.68**	.39	-	.81**	.65**	.92**
7. Skills	-.51*	.77**	.84**	.76**	.10	.80**	-	.80**	.95**
8. Awareness	-.47	.88**	.86**	.92**	.20	.77**	.94**	-	.88**
9. Cultural Sensitivity	-.42	.84**	.82**	.82**	.26	.93**	.96**	.94**	-

Note: Correlations below the diagonal = "low" where the psychologist's integrationist acculturation orientation score was lower than their client;

Correlations above the diagonal = "high" cases where the psychologist's integrationist acculturation orientation score is higher than the client.

MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

*Results for individualist acculturation orientations in relation to psychologist's self-reported multicultural competencies:*

*Culture:*

*Low group (Psychologist's individualist score is lower than their client):*

The acculturation individualist culture variable was positively correlated with a subscale of the MCI-R multicultural competence measure, Skills  $p, r(30) = .83, p < .01$ .

*High group (Psychologist's individualist score is higher than their client):*

The acculturation individualist culture variable was also positively correlated with the Skills subscale,  $r(30) = .64, p < .01$ , multicultural competence measure of the MCI-R.

Table 11. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Individualist Psychotherapy Dyad Score Differences for the Culture Domain (Low:  $n = 13$ ; High:  $n = 19$ )

	1	2	3	4	5	6	7	8	9
1. <i>Individualist Culture</i>	-	.16	-.11	-.09	.64**	.40	.10	.00	.20
2. <i>MC Overall (MCI-R)</i>	.29	-	.82**	.92**	.49*	.75**	.72**	.79**	.82**
3. <i>Knowledge</i>	-.06	.88**	-	.78**	-.03	.61**	.73**	.75**	.74**
4. <i>Awareness</i>	.12	.98**	.90**	-	.26	.69**	.71**	.79**	.78**
5. <i>Skills</i>	.83**	.53	.09	.39	-	.38	.13	.19	.27
6. <i>MC Overall (CCCI-R)</i>	-.18	.55	.44	.64*	.19	-	.82**	.71**	.93**
7. <i>Skills</i>	-.46	.66*	.78**	.75**	-.09	.74**	-	.86**	.95**
8. <i>Awareness</i>	-.15	.86**	.88**	.91**	.17	.71**	.94**	-	.91**
9. <i>Cultural Sensitivity</i>	-.27	.73**	.73**	.82**	.11	.91**	.95**	.93**	-

*Note:* Correlations below the diagonal = "low" where the psychologist's individualist acculturation orientation score was is lower than their client;

Correlations above the diagonal = "high" cases where the psychologist's individualist acculturation orientation score is higher than the client.

MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$



### Values Domain

#### *Low group (Psychologist's individualist score is lower than their client):*

The acculturation individualist values variable was negatively correlated with one multicultural competence measure, the CCCI-R Overall scale,  $r(30) = -.61, p < .05$ .

#### *High group (Psychologist's individualist score is higher than their client):*

There were no statistically significant results for the high group.

Table 12. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Individualist Psychotherapy Dyad Score Differences for the Values Domain (Low:  $n = 14$ ; High:  $n = 18$ )

	1	2	3	4	5	6	7	8	9
1. <i>Individualist Values</i>	-	-.28	-.21	-.43	.02	-.14	-.03	-.17	-.12
2. <i>MC Overall (MCI-R)</i>	-.41	-	.84**	.93**	.54*	.84**	.86**	.86**	.90**
3. Knowledge	-.10	.84**	-	.78**	.07	.63**	.77**	.82**	.85**
4. Awareness	-.45	.96**	.88**	-	.33	.80**	.77**	.82**	.85**
5. Skills	-.43	.48	-.05	.29	-	.53*	.44	0.41	.50*
6. <i>MC Overall (CCCI-R)</i>	-.61*	.29	.39	.37	-.15	-	.85**	.78**	.95**
7. Skills	-.33	.44	.73**	.63*	-.48	.65*	-	.85**	.95**
8. Awareness	-.44	.73**	.86**	.84**	-.13	.57*	.92**	-	.91**
9. Cultural Sensitivity	-.51	.55*	.74**	.69**	-.28	.82**	.95**	.92**	-

Note: Correlations below the diagonal = "low" where the psychologist's individualist acculturation orientation score was is lower than their client;

Correlations above the diagonal = "high" cases where the psychologist's individualist acculturation orientation score is higher than the client.

MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

### Employment Domain

#### *Low group (Psychologist's individualist score is lower than their client):*

No statistically significant differences were found for the low group.

*High group (Psychologist's individualist score is higher than their client):*

The acculturation individualist employment variable was positively correlated with one measure of multicultural competence, the CCCI-R Overall scale,  $r(30) = .41, p < .05$ ,

Table 13. Correlations for Perceived Self-Reported Multicultural Competencies of Psychologists and Individualist Psychotherapy Dyad Score Differences for the Employment Domain (Low:  $n = 8$ ; High:  $n = 24$ )

	1	2	3	4	5	6	7	8	9
1. <i>Individualist Employment</i>	-	.07	.03	.04	.10	.41*	.33	.24	.36
2. <i>MC Overall (MCI-R)</i>	-.16	-	.87**	.94**	.47**	.68**	.80**	.83**	.82**
3. Knowledge	-.25	.72*	-	.81**	.03	.52**	.75**	.77**	.72**
4. Awareness	-.17	.95**	.88**	-	.27	.65**	.78**	.84**	.81**
5. Skills	.05	.48	-.26	.19	-	.39	.24	.22	.32
6. <i>MC Overall (CCCI-R)</i>	-.12	.88**	.78*	.95**	.18	-	.81**	.70**	.92**
7. Skills	.07	.61	.94**	.79*	-.34	.69	-	.89**	.96**
8. Awareness	.23	.78*	.86**	.88**	-.02	.80*	.93**	-	.91**
9. Cultural Sensitivity	.05	.82*	.92**	.94**	-.05	.90**	.93**	.97**	-

Note: Correlations below the diagonal = "low" where the psychologist's individualist acculturation orientation score was is lower than their client;

Correlations above the diagonal = "high" cases where the psychologist's individualist acculturation orientation score is higher than the client.

MC = Multicultural Competence; MCI-R = Multicultural Counseling Inventory – Revised; CCCI-R = Cross-Cultural Competence Inventory – Revised; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

### *Results for Hypothesis 3*

Acculturation orientation (integrationist and individualist) psychotherapy-dyad matches will predict more favorable client perceptions of the working alliance.

Correlation analyses were conducted to test research question 3. As with hypothesis 1, the acculturation orientation difference variable was used denoting low and high groups. A total of 32 psychotherapy dyads were retained for this analysis. Tables 14 to 19 presents a summary of the findings.



*Results for integrationist acculturation orientations in relation to client's perceptions of psychotherapeutic working alliance:*

*Culture Domain*

*Low group (Psychologist's integrationist score is lower than their client):*

The acculturation integrationist culture variable was positively correlated with client ratings of the overall working alliance,  $r(30) = .58, p < .05$  and all the subscales, Task,  $r(30) = .61, p < .01$ , Bond,  $r(30) = .54, p < .05$ , and Goal,  $r(30) = .46, p < .05$ , for the low group.

*High group (Psychologist's integrationist score is higher than their client):*

No statistically significant differences were found for the high group.

Table 14. Integrationist Correlations for the Culture Domain (Low:  $n = 19$ ; High:  $n=13$ ) and Client Ratings of the Working Alliance

	1	2	3	4	5
1. Integrationist Culture	-	.23	-.13	.14	.08
2. Working Alliance - Task	.61**	-	.86**	.79**	.95**
3. Working Alliance - Bond	.54*	.83**	-	.82**	.96**
4. Working Alliance - Goal	.46*	.81**	.85**	-	.91**
5. Working Alliance Overall	.58*	.94**	.95**	.93**	-

*Note:* Correlations below the diagonal = "low" where the psychologist's integrationist acculturation orientation score was is lower than their client;

Correlations above the diagonal = "high" cases where the psychologist's integrationist acculturation orientation score is higher than the client; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

*Values Domain:*

*Low group (Psychologist's integrationist score is lower than their client):*

The acculturation integrationist values variable was not correlated with client ratings of the working alliance for the low group.

*High group (Psychologist's integrationist score is higher than their client):*

No statistically significant differences were found for the high group.

Table 15. Integrationist Correlations for the Values Domain (Low:  $n = 17$ ; High:  $n=15$ ) and Client Ratings of the Working Alliance

	1	2	3	4	5
1. <i>Integrationist Values</i>	-	.06	-.19	-.11	-.09
2. Working Alliance – Task	.13	-	.72**	.71**	.89**
3. Working Alliance – Bond	-.21	.84**	-	.73**	.91**
4. Working Alliance – Goal	.08	.84**	.86**	-	.91**
5. Working Alliance Overall	-.01	.95**	.95**	.94**	-

Note: Correlations below the diagonal = “low” where the psychologist’s integrationist acculturation orientation score was lower than their client;

Correlations above the diagonal = “high” cases where the psychologist’s integrationist acculturation orientation score is higher than the client; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

#### *Employment Domain:*

##### *Low group (Psychologist’s integrationist score is lower than their client):*

The acculturation integrationist employment variable was positively correlated with client ratings of the working alliance overall,  $r(30) = .54$ ,  $p < .05$ , and all the subscales, Task,  $r(30) = .55$ ,  $p < .05$ , Bond,  $r(30) = .49$ ,  $p < .05$ , and the Goal,  $r(30) = .50$ ,  $p < .05$ .

##### *High group (Psychologist’s integrationist score is higher than their client):*

There were no statistically significant results for the high group.

Table 16. Integrationist Correlations for the Employment Domain (Low:  $n = 17$ ; High:  $n=15$ ) and Client Ratings of the Working Alliance

	1	2	3	4	5
1. <i>Integrationist Employment</i>	-	.11	-.12	-.09	-.03
2. Working Alliance – Task	.55*	-	.89**	.78**	.95**
3. Working Alliance – Bond	.49*	.80**	-	.81**	.96**
4. Working Alliance – Goal	.50*	.84**	.85**	-	.90**
5. Working Alliance Overall	.54*	.94**	.94**	.95**	-

Note: Correlations below the diagonal = “low” where the psychologist’s integrationist acculturation orientation score was lower than their client;

Correlations above the diagonal = “high” cases where the psychologist’s integrationist acculturation orientation score is higher than the client; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



*Results for individualist acculturation orientations in relation to client's perceptions of psychotherapeutic working alliance:*

*Culture Domain:*

*Low group (Psychologist's individualist score is lower than their client):*

The acculturation individualist employment variable was positively correlated with client ratings of the working alliance overall,  $r(30) = .57, p < .05$ , and the Goal subscale,  $r(30) = .57, p < .05$ .

*High group (Psychologist's individualist score is higher than their client):*

The acculturation individualist culture variable was positively correlated with client ratings of the Task working alliance subscale,  $r(30) = .46, p < .05$ .

Table 17. Individualist Correlations for the Culture Domain (Low:  $n = 13$ ; High:  $n = 19$ ) and Client Ratings of the Working Alliance

	1	2	3	4	5
1. Individualist Culture	-	.46*	.23	.24	.36
2. Working Alliance – Task	.53	-	.55*	.64**	.84**
3. Working Alliance – Bond	.53	.90**	-	.67**	.87**
4. Working Alliance – Goal	.57*	.84**	.87**	-	.88**
5. Working Alliance Overall	.57*	.96**	.97**	.93**	-

Note: Correlations below the diagonal = "low" where the psychologist's individualist acculturation orientation score was lower than their client;

Correlations above the diagonal = "high" cases where the psychologist's individualist acculturation orientation score is higher than the client; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

*Values and Employment Domains:*

The acculturation individualist values and employment variables were not correlated with client ratings of the working alliance.

Table 18. Individualist Correlations for the Values Domain (Low:  $n = 14$ ; High:  $n=18$ ) and Client Ratings of the Working Alliance

	1	2	3	4	5
1. <i>Individualist Values</i>	-	-.12	-.36	-.39	-.31
2. Working Alliance – Task	.12	-	.80**	.76**	.92**
3. Working Alliance – Bond	.14	.87**	-	.82**	.94**
4. Working Alliance – Goal	.18	.85**	.84**	-	.92**
5. Working Alliance Overall	.15	.96**	.96**	.94**	-

Note: Correlations below the diagonal = “low” where the psychologist’s individualist acculturation orientation score was is lower than their client;

Correlations above the diagonal = “high” cases where the psychologist’s individualist acculturation orientation score is higher than the client; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 19. Individualist Correlations for the Employment Domain (Low:  $n = 8$ ; High:  $n=24$ ) and Client Ratings of the Working Alliance

	1	2	3	4	5
1. <i>Individualist Employment</i>	-	.08	-.11	-.05	-.03
2. Working Alliance – Task	-.19	-	.86**	.78**	.94**
3. Working Alliance – Bond	.22	.81*	-	.79**	.95**
4. Working Alliance – Goal	.29	.86**	.90**	-	.91**
5. Working Alliance Overall	.09	.94**	.95**	.96**	-

Note: Correlations below the diagonal = “low” where the psychologist’s individualist acculturation orientation score was is lower than their client;

Correlations above the diagonal = “high” cases where the psychologist’s individualist acculturation orientation score is higher than the client; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

#### *Results for Hypothesis 4*

High multicultural competencies will moderate the effect of dissimilar acculturation orientations (integrationist and individualist) on the working alliance from the therapist perspective.

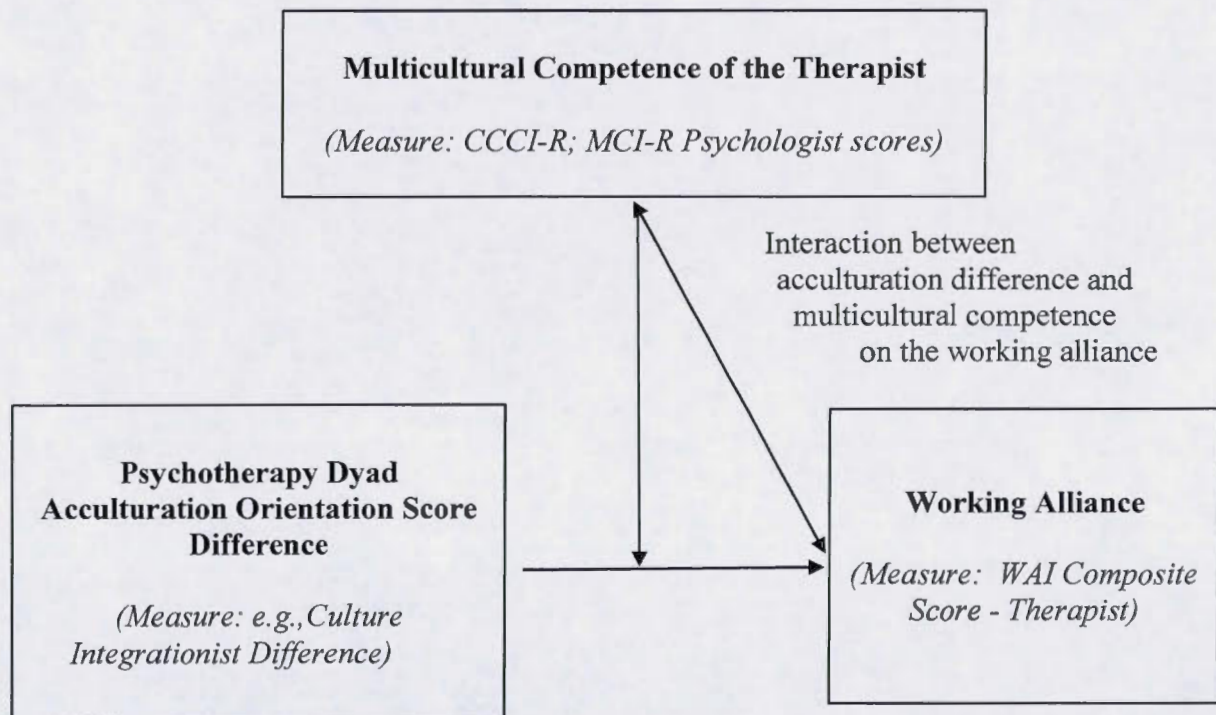
Hypothesis 4 examined whether high self-reported therapist ratings of multicultural competencies buffers the impact of an acculturation mismatch. If psychologists have high multicultural competence (high CCCI-R score), the impact of acculturation profile compatibility would be moderated (i.e., pairs with a negative profile match would still show positive



outcomes). A variable calculating the acculturation orientation difference between therapist and client was created for each domain; culture, values and employment.

The interaction between psychologist multicultural competence (as measured by the MCI-R and CCCI-R) and psychotherapy dyad acculturation orientation differences for integrationists and individualists (different scales for acculturation levels) was examined for a possible effect on working alliance outcome. All variables included in this report were standardized to simplify the interpretation of results. To assess the contribution of interaction term for each model we used hierarchical multiple linear regression.

Figure 1 below illustrates the moderated model of the client and therapist working relationship using the Working Alliance Inventory composite score from the therapist perspective.



*Figure 1. Moderated Model of Psychotherapy Dyad Working Relationship from the Therapist Perspective*

*Results for integrationist psychotherapy dyad acculturation score differences from the therapist perspective on multicultural competencies (MCI-R) and the working alliance*

A hierarchical multiple regression was conducted using multicultural competencies (MCI-R Overall) and integrationist psychotherapy dyad acculturation score differences as predictors on the first step. On the second step was the interaction of multicultural competencies and the integrationist psychotherapy dyad acculturation differences per domain (culture, values and employment). The main effects model for culture and values were not significant, and the interaction terms were statistically significant. Adding the culture interaction term results in  $R = .50$ ,  $R^2 = .23$ ,  $F_{(1,29)} = 8.9$ ,  $p < .01$ , and adding the values interaction term results  $R = .44$ ,  $R^2 = .18$ ,  $F_{(1,29)} = 6.57$ ,  $p < .05$ . The main effects and interaction models for employment were not significant.

Table 20. Regression Analyses for Integrationists per Domain on Multicultural Competence using the MCI-R Overall from the Psychologist Perspective (N = 32)

	<i>B</i>	<i>SE</i>	<i>B</i>	BCa 95% CI	$\Delta R^2$	$\Delta F$	Dfs
<i>Culture</i>							
Step 1					.02	.25	2, 30
Multicultural Competence	.04	.18	.04	[-.28, .42]			
Integrationist Culture PDAD	-.12	.18	-.12	[-.34, .18]			
Step 2					.23**	8.9	1, 29
MC x Integrationist Culture PDAD	-.60	.20	-.59*	[-.99, -.21]			
<i>Values</i>							
Step 1					.01	.13	2, 30
Multicultural Competence	.02	.18	.02	[-.29, .33]			
Integrationist Values PDAD	-.09	.18	-.09	[-.35, .22]			
Step 2					.18*	6.57	1, 29
MC x Integrationist Values PDAD	-.50	.19	-.44	[-.81, -.16]			
<i>Employment</i>							
Step 1					.00	.02	2, 30
Multicultural Competence	-.03	.19	.03	[-.24, .34]			
Integrationist Employment PDAD	.00	.19	.00	[-.15, .16]			
Step 2					.02	.43	1, 29
MC x Integrationist Employment PDAD	-.15	.22	-.13	[-.38, .05]			

Note: MC = Multicultural Competence; MCI-R = Multicultural Competency Inventory – Revised; PDAD = Psychotherapy Dyad Acculturation Difference; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



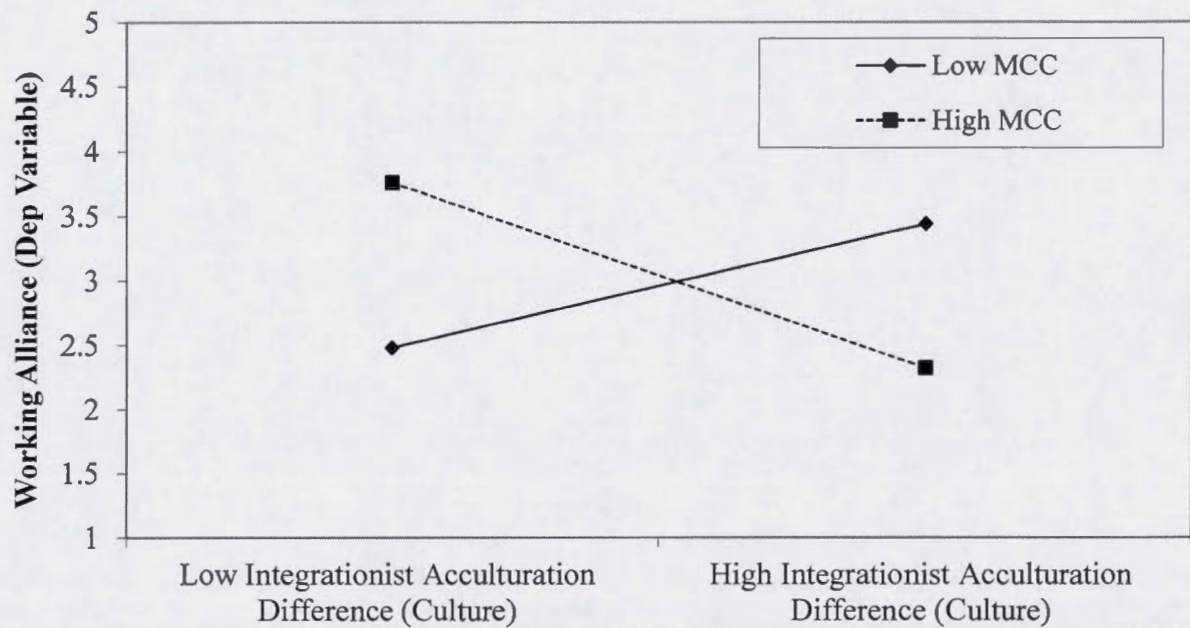


Figure 2. Interaction of Multicultural Competence (MCI-R Overall) from the Psychologist Perspective x Culture Integrationist Psychotherapy Dyad Acculturation Difference on the Working Alliance

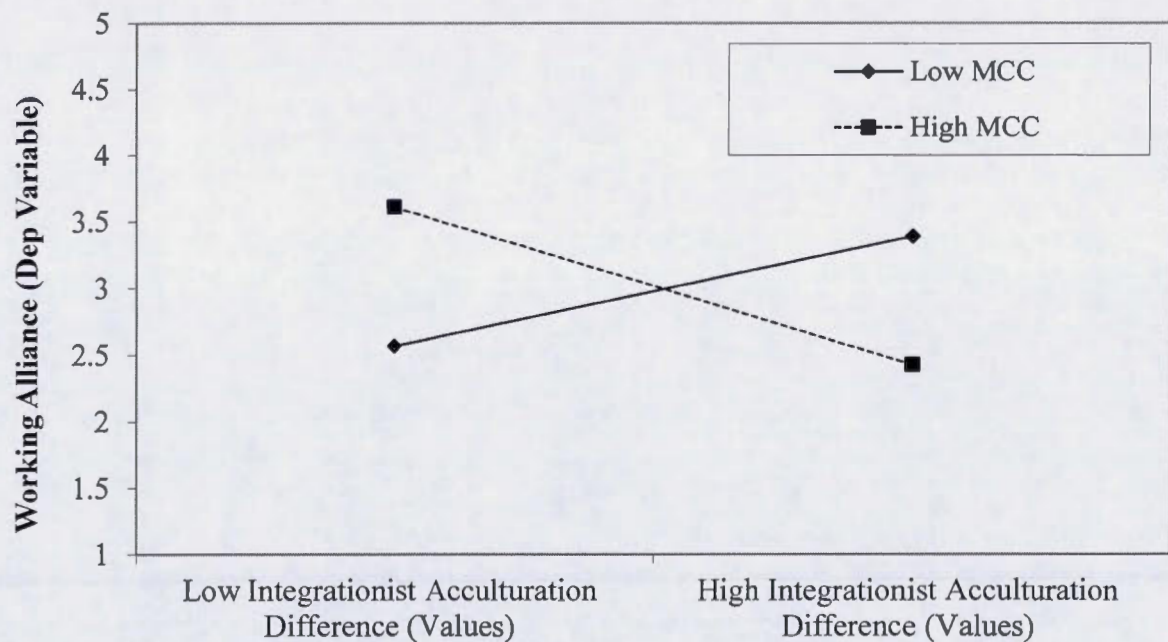


Figure 3. Interaction of Multicultural Competence (MCI-R Overall) from the Psychologist Perspective x Values Integrationist Psychotherapy Dyad Acculturation Difference on the Working Alliance

*Results for integrationist psychotherapy dyad acculturation score differences from therapist perspective on multicultural competencies (CCCI-R) and the working alliance*

A hierarchical multiple regression was conducted with multicultural competencies (CCCI-R Overall) and integrationist psychotherapy dyad acculturation score differences as predictors on the first step. On the second step was the interaction of multicultural competencies and the integrationist psychotherapy dyad acculturation differences per domain (culture, values and employment). The main effects models for culture and values were not significant, when the contribution of the interaction term was significant, with  $R = .52$ ,  $R^2 = .27$ ,  $F_{(1,29)} = 10.82$ ,  $p < .01$  for culture interaction term, and with  $R = .51$ ,  $R^2 = .26$ ,  $F_{(1,29)} = 9.77$ ,  $p < .01$ , for values interaction term. The main effects and interaction models for employment were not significant.

Table 21. Regression Analyses for Integrationists per Domain on Multicultural Competence using the CCCI-R Overall from the Psychologist Perspective (N = 32)

	<i>B</i>	<i>SE</i>	$\beta$	BCa 95% CI	$\Delta R^2$	$\Delta F$	dfs
<i>Culture</i>							
Step 1					.02	.29	2, 30
Multicultural Competence	.07	.19	.07	[-.27, .46]			
Integrationist Culture PDAD	-.14	.19	-.14	[-.35, .15]			
Step 2					.27**	10.82	1, 29
MC x Integrationist Culture PDAD	.53	.17	-.63**	[-.91, -.12]			
<i>Values</i>							
Step 1					.01	.16	2, 30
Multicultural Competence	.05	.19	.05	[-.33, .43]			
Integrationist Values PDAD	-.10	.19	-.10	[-.48, .28]			
Step 2					.25**	9.77	1, 29
MC x Integrationist Values PDAD	-.61	.19	-.50**	[-1.0, -.21]			
<i>Employment</i>							
Step 1					.00	.02	2, 30
Multicultural Competence	.03	.18	.03	[-.32, .47]			
Integrationist Employment	.00	.18	.00	[-.14, .16]			
Step 2					.12	3.80	1, 29
MC x Integrationist Employment PDAD	-.42	.21	-.34	[-.64, -.19]			

Note: MC = Multicultural Competence; CCCI-R = Cross-Cultural Competency Inventory – Revised; PDAD = Psychotherapy Dyad Acculturation Difference; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



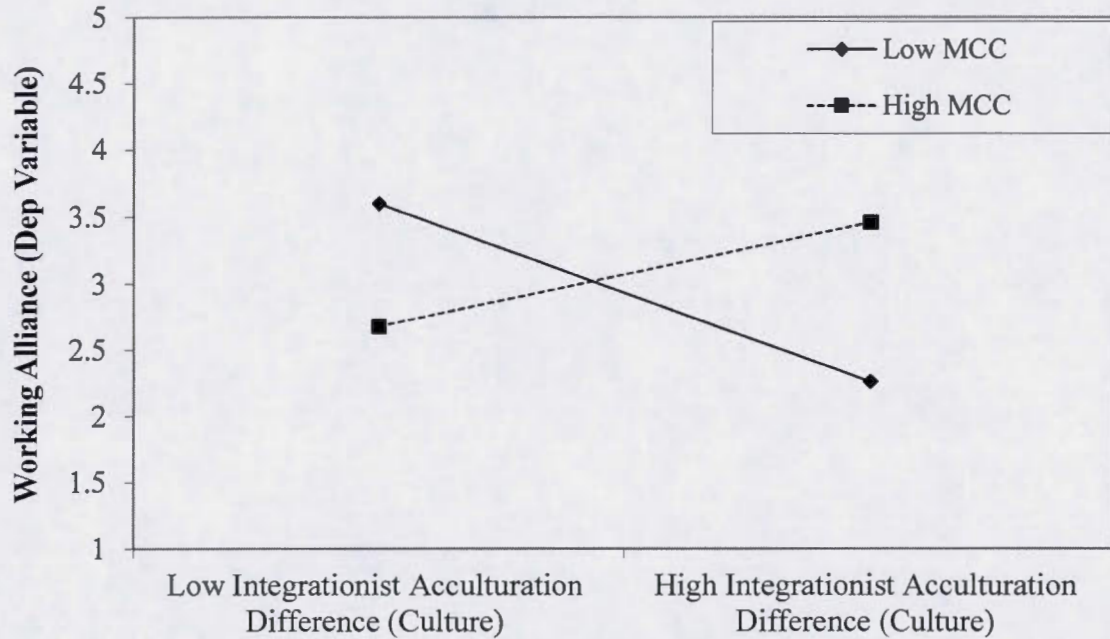


Figure 4. Interaction of Multicultural Competence (CCCI-R Overall) from the Psychologist Perspective x Culture Integrationist Psychotherapy Dyad Acculturation Difference on the Working Alliance

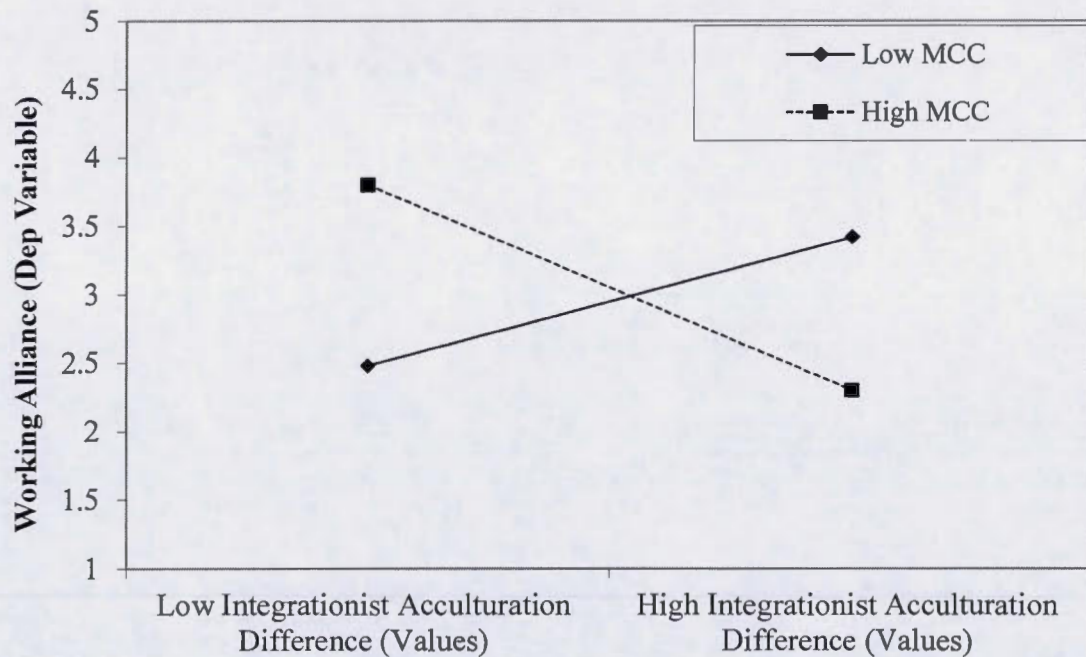


Figure 5. Interaction of Multicultural Competence (CCCI-R Overall) from the Psychologist Perspective x Values Integrationist Psychotherapy Dyad Acculturation Difference on the Working Alliance

*Results for individualist psychotherapy dyad score acculturation differences from therapist perspectives on multicultural competencies (MCI-R) and the working alliance*

Hierarchical multiple regressions were run with multicultural competencies (MCI-R Overall) and individualist psychotherapy dyad acculturation score differences as predictors on the first step, and the interaction of these terms per domain (culture, values and employment) on the second step. The main effects and interaction models for all three domains (culture, values, and employment) were not significant.

Table 22. Regression Analyses for Individualists per Domain on Multicultural Competence using the MCI-R Overall from the Psychologist Perspective (N = 32)

	<i>B</i>	<i>SE</i>	$\beta$	BCa 95% CI	$\Delta R^2$	$\Delta F$	dfs
<i>Culture</i>					.12	2.12	2, 30
Step 1							
Multicultural Competence	-.08	.18	-.08	[-.40, .33]			
Individualist Culture PDAD	.37	.18	.37	[.18, .52]			
Step 2					.00	.00	1, 29
MC x Individualist Culture PDAD	-.01	.22	-.01	[-.24, .25]			
<i>Values</i>							
Step 1					.00	.03	2, 30
Multicultural Competence	.04	.19	.04	[-.23, .34]			
Individualist Values PDAD	.03	.19	.03	[-.17, .26]			
Step 2					.00	.04	1, 29
MC x Individualist Values PDAD	-.04	.19	-.04	[-.29, .38]			
<i>Employment</i>							
Step 1					.01	.15	2, 30
Multicultural Competence	.00	.20	.00	[-.40, .29]			
Individualist Employment PDAD	-.10	.20	-.10	[-.40, .39]			
Step 2					.00	.10	1, 29
Multicultural Competence x Individualist Employment PDAD	-.07	.20	-.06	[-.44, .33]			

Note: MC = Multicultural Competence; MCI-R = Multicultural Competency Inventory – Revised; PDAD = Psychotherapy Dyad Acculturation Difference; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



*Results for individualist psychotherapy dyad score acculturation differences from therapist perspectives on multicultural competencies (CCCI-R) and the working alliance*

The final set of hierarchical multiple regressions with multicultural competencies (CCCI-R Overall) and individualist psychotherapy dyad acculturation score differences as predictors on the first step, with the interaction of these variables per domain (culture, values and employment) on the second step. Similar to the multicultural competencies results using the MCI-Overall, the main effects and interaction models with the CCCI-R Overall for all three domains (culture, values, and employment) were not significant.

Table 23. Regression Analyses for Individualists per Domain on Multicultural Competence using the CCCI-R Overall from the Psychologist Perspective (N=32)

	<i>B</i>	<i>SE</i>	$\beta$	BCa 95% CI	$\Delta R^2$	$\Delta F$	dfs
<i>Culture</i>							
Step 1					.12	2.02	2, 30
Multicultural Competence	-.02	.18	-.02	[-.35, .41]			
Individualist Culture PDAD	.35	.17	.35	[.15, .51]			
Step 2					.00	.12	1, 29
MC x Individualist Culture PDAD	.08	.22	.07	[-.20, .38]			
<i>Values</i>							
Step 1					.00	.03	2, 30
Multicultural Competence	.04	.19	.04	[-.27, .35]			
Individualist Values PDAD	.03	.19	.03	[-.21, .29]			
Step 2					.02	.47	1, 29
MC x Individualist Values PDAD	.15	.22	.14	[-.18, .69]			
<i>Employment</i>							
Step 1					.01	.16	2, 30
Multicultural Competence	.02	.19	.02	[-.29, .33]			
Individualist Employment PDAD	-.01	.19	-.10	[-.34, .23]			
Step 2					.00	.04	1, 29
MC x Individualist Employment PDAD	.04	.21	.04	[-.34, .45]			

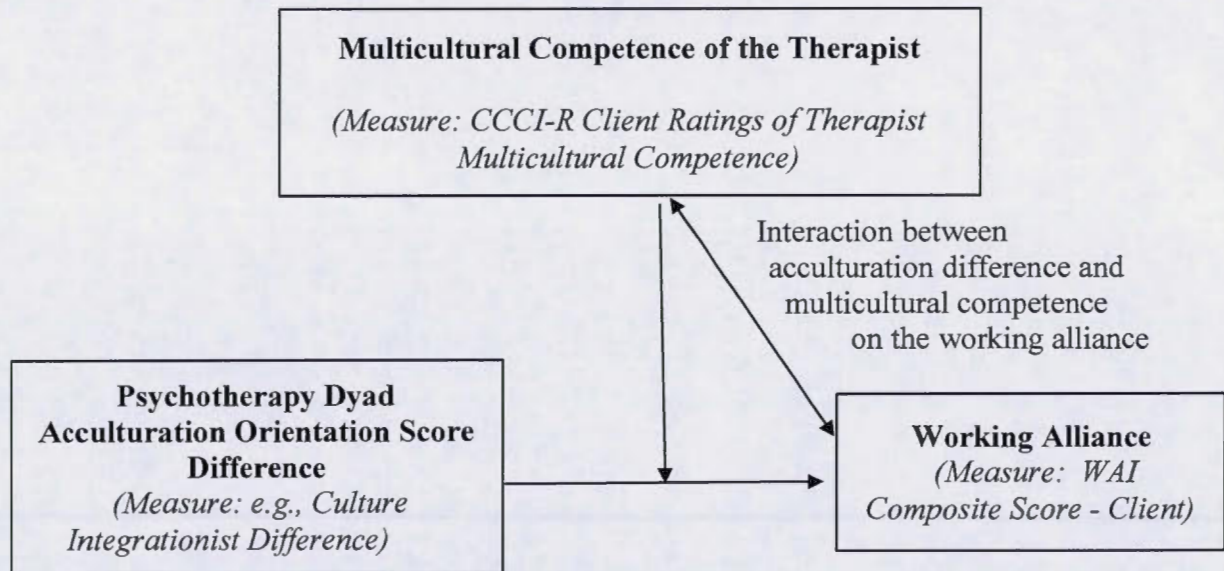
Note: MC = Multicultural Competence; CCCI-R = Cross-Cultural Competency Inventory – Revised; PDAD = Psychotherapy Dyad Acculturation Difference; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

### *Results for Hypothesis 5*

High multicultural competencies will moderate the effect of dissimilar acculturation orientations (integrationist and individualist) on the working alliance from the client perspective.

Hypothesis 5 aims to assess whether high perceived client ratings of psychologists' multicultural competencies buffers the impact of an acculturation orientation mismatch. If psychologists are perceived to have high multicultural competence, the impact of acculturation orientation compatibility would moderate (i.e., psychotherapy dyads with dissimilar acculturation orientations) the client ratings of the working alliance. A variable calculating the acculturation orientation difference between therapist and client was created for each domain; culture, values and employment. The interaction between therapist multicultural competence (CCCI-R) and psychotherapy dyad acculturation score differences per domain were examined for a possible effect on working alliance outcome. All variables included in this report were standardized to simplify the interpretation of results.

Figure 6 below illustrates the moderated model of the client and psychologist working relationship using the Working Alliance Inventory composite score from the client perspective.



*Figure 6. Moderated Model of Psychotherapy Dyad Working Relationship from the Client Perspective*



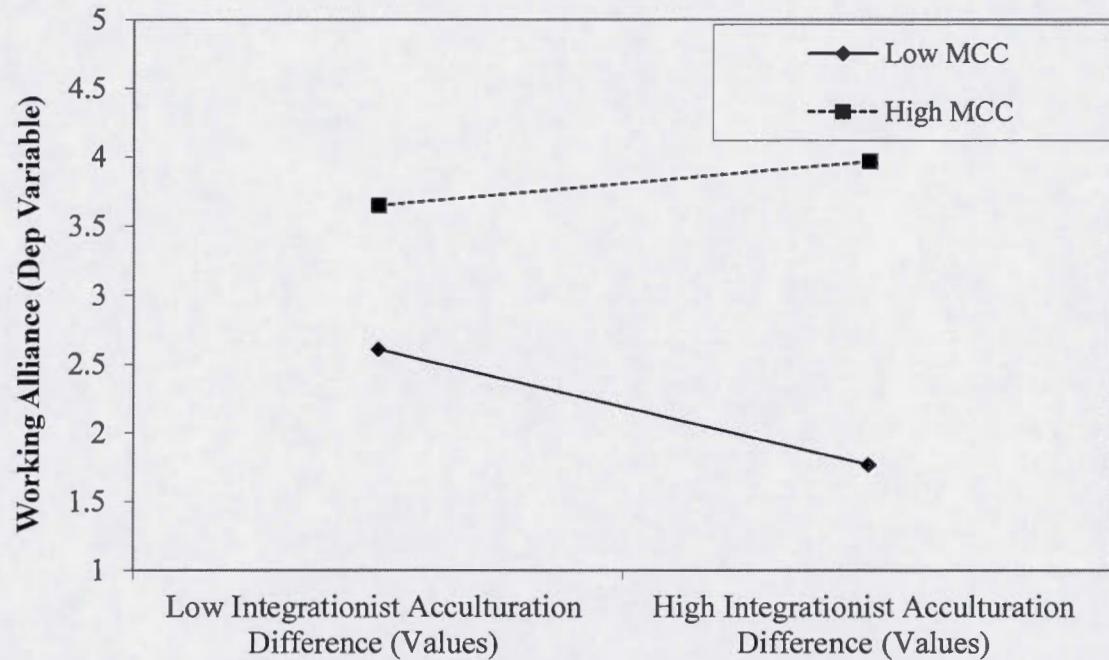
*Results for integrationist psychotherapy dyad acculturation score differences from the client perspective on multicultural competencies and the working alliance*

A hierarchical multiple regression was conducted with multicultural competencies (CCCI-R Overall) and integrationist psychotherapy dyad acculturation score differences as predictors on the first step, and the interaction of these variables per domain (culture, values and employment) on the second step. Of the three domains, only the values domain interaction was significant. More specifically, the main effects model for values was significant,  $R = .81$ ,  $R^2 = .72$ ,  $F_{(2,30)} = 39.43$ ,  $p < .001$  and the effect of interaction term was superior,  $R = .27$ ,  $R^2 = .06$ ,  $F_{(1,29)} = 8.81$ ,  $p < .01$ . The main effects model for culture was significant,  $R = .83$ ,  $R^2 = .72$ ,  $F_{(2,30)} = 36.56$ ,  $p < .001$ , and the interaction model was not significant. Similarly, the main effects model for employment was significant,  $R = .84$ ,  $R^2 = .71$ ,  $F_{(2,30)} = 37.11$ ,  $p < .001$ , whereas the interaction model was not statistically significant.

Table 24. Regression Analyses for Integrationists per Domain on Multicultural Competence using the CCCI-R Overall from the Client Perspective (N = 32)

	B	SE	B	BCa 95% CI	$\Delta R^2$	$\Delta F$	dfs
<i>Culture</i>							
Step 1					.72***	36.6	2, 30
Multicultural Competence	.83	.10	.83**	[.66, .99]			
Integrationist Culture PDAD	-.08	.10	-.08	[-.20, .05]			
Step 2					.00	.00	1, 29
MC x Integrationist Culture PDAD	.00	.12	.00	[-.15, .20]			
<i>Values</i>							
Step 1					.72***	39.4	2, 30
Multicultural Competence	.81	.10	.81***	[.66, .95]			
Integrationist Values PDAD	-.13	.10	-.13	[-.25, .02]			
Step 2					.06**	8.8	1, 29
MC x Integrationist Values PDAD	.29	.10	.27**	[.15, .51]			
<i>Employment</i>							
Step 1					.71***	37.1	2, 30
Multicultural Competence	.84	.10	.84**	[.71, .97]			
Integrationist Employment PDAD	-.05	.10	-.05	[-.19, .06]			
Step 2					.00	.02	1, 29
MC x Integrationist Employment PDAD	-.02	.12	-.01	[-.33, .13]			

MC = Multicultural Competence; CCCI-R = Cross-Cultural Competence Inventory – Revised; PDAD = Psychotherapy Dyad Acculturation Difference; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



*Figure 7. Interaction of Multicultural Competence (CCCI-R Overall) from the Client Perspective x Values Integrationist Psychotherapy Dyad Acculturation Difference on the Working Alliance*

*Results for individualist psychotherapy dyad acculturation score differences from the client perspective on multicultural competencies and the working alliance*

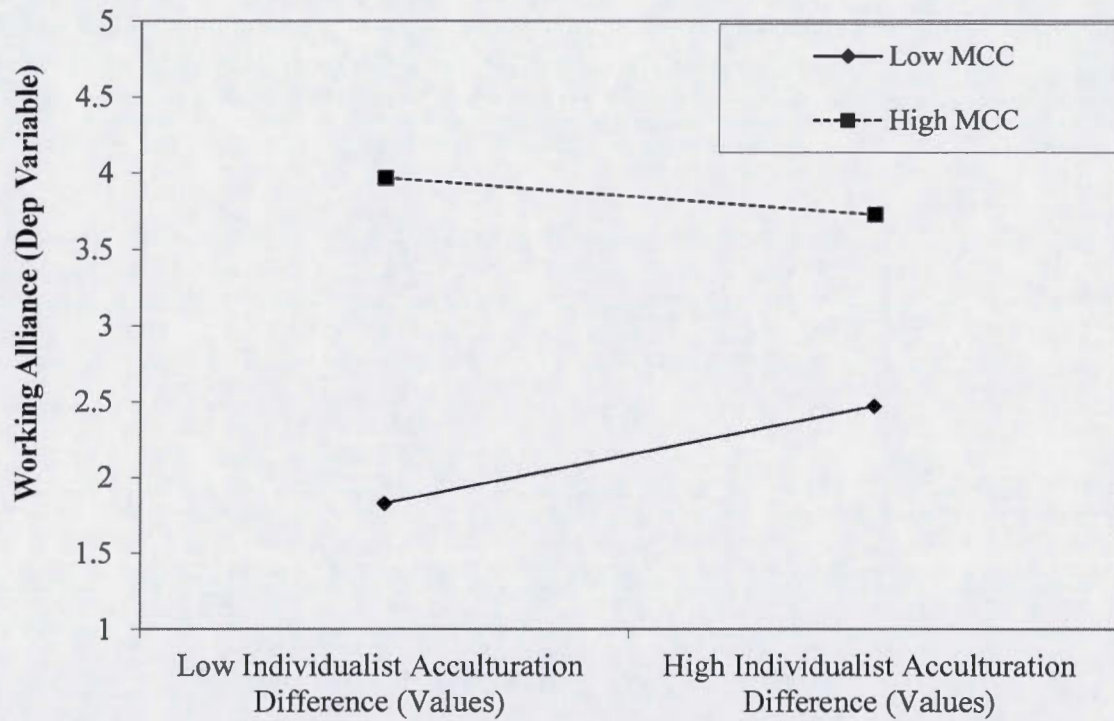
A hierarchical multiple regression was run with multicultural competencies (CCCI-R Overall) and individualist psychotherapy acculturation score difference as predictors on the first step and the interaction of these variables per domain (culture, values and employment) on the second step. Of the three domains, only the values domain interaction was significant. More specifically, the main effects model for values was significant,  $R = .85$ ,  $R^2 = .72$ ,  $F_{(2,30)} = 38.54$ ,  $p < .001$ , and the effect of interaction term was superior,  $R = .87$ ,  $R^2 = .76$ ,  $F_{(1,29)} = 4.62$ ,  $p < .05$ . The culture and employment domains were significant only for the main effects,  $R = .87$ ,  $R^2 = .76$ ,  $F_{(2,30)} = 48.49$ ,  $p < .001$  (culture), and,  $R = .87$ ,  $R^2 = .76$ ,  $F_{(2,30)} = 47.64$ ,  $p < .001$  (employment), but not for the interaction models.



Table 25. Regression Analyses for Individualists Domain on Multicultural Competence using the CCCI-R Overall from the Client Perspective (N = 32)

	<i>B</i>	<i>SE</i>	<i>B</i>	BCa 95% CI	$\Delta R^2$	$\Delta F$	dfs
<i>Culture</i>							
Step 1					.76***	48.49	2, 30
Multicultural Competence	.81	.09	.81***	[.66, .96]			
Individualist Culture PDAD	.24	.09	.24	[.13, .33]			
Step 2					.03	4.02	1, 29
MC x Individualist Culture PDAD	.00	.14	-.22	[-.54, -.06]			
<i>Values</i>							
Step 1					.72***	38.54	2, 30
Multicultural Competence	.85	.10	.85	[.71, .97]			
Individualist Values PDAD	.10	.10	.10	[.00, .18]			
Step 2					.04*	4.62	1, 29
MC x Individualist Values PDAD	.00	.10	-.22	[-.32, -.11]			
<i>Employment</i>							
Step 1					.76***	47.64	2, 30
Multicultural Competence	.86	.09	.86***	[.72, .98]			
Individualist Employment PDAD	.23	.09	.23*	[.10, .36]			
Step 2					.03	3.29	1, 29
MC x Individualist Employment PDAD	.00	.12	-.17	[-.41, .02]			

Note: MC = Multicultural Competence; CCCI-R = Cross-Cultural Competence Inventory – Revised; PDAD = Psychotherapy Dyad Acculturation Difference; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



*Figure 8.* Interaction of Multicultural Competence (CCCI-R Overall) from the Client Perspective x Values Individualist Psychotherapy Dyad Acculturation Difference on the Working Alliance



### 3.4 Discussion

The overall purpose of Study 2 was to investigate how acculturation orientations and multicultural competence impact the psychotherapeutic relationship of ethnoculturally different dyads in a clinical setting. The discussion section will be divided as follows: (1) relationship between psychologist self-reported self-efficacy and perceived multicultural competencies; (2) the relationship between acculturation orientations (integrationist and individualist) and therapist self-reported multicultural competencies; (3) the relationship between psychotherapy dyad acculturation differences and client ratings of the working alliance; (4) how multicultural competencies moderate the impact of a psychotherapy dyad acculturation mismatch on the working alliance from psychologists (5) and client perspectives.

#### *1) Relationship between Psychologist Self-Reported Perceived Self-Efficacy and Multicultural Competencies*

The first hypothesis predicted that multicultural competence would be linked to self-reported perceived self-efficacy related to working in a multicultural context. The hypothesis was supported using both measures of multicultural competencies, the Multicultural Counseling Inventory – Revised (MCI-R Overall),  $r(30) = .55, p < .01$ , and Cross-Cultural Counseling Inventory – Revised (CCCI-R),  $r(30) = .63$ . This finding is encouraging as it replicates a similar finding from study 1, but in a real-life clinical setting with psychologists at different stages of their career.

Similar to Study 1, there was a stronger association between self-efficacy and the CCCI-R Overall measure of multicultural competencies. Specifically, the CCCI-R Overall measure accounted for 39% of the variance, whereas the MCI-R Overall accounted for 23% of the variance. The stronger predictive power of the CCCI-R Overall might be explained by the composition of scale that includes a special focus on cultural sensitivity paralleling the self-efficacy measure for working in a multicultural context (COSE-CCS). For example, both measures examine bridging cultural differences, understanding the importance of different perspectives and barriers. An alternative explanation might be the strong correlation between the

multicultural competencies skills subscale and self-efficacy  $r(30) = .76, p < .01$ . The correlations of self-efficacy and the other CCCI-R subscales were in the .50 range.

The findings in this study are consistent with research that self-efficacy is associated with the ability to acquire new skills, generate new ideas and solutions (Cherian et al., 2013) and job performance (Judge et al., 2001). The results are also promising for training and clinical applications. Constantine (2001) showed that higher perceived self-efficacy was associated with higher therapist ratings of multicultural competence performance. If psychotherapy training programs create early interventions aimed at developing successful and successive micro-skills related to working with multicultural clients, it is likely to build self-efficacy, which is expected to play a pivotal role in increasing multicultural competence (Seghal et al., 2011). Liu and colleagues (2004) showed that increased self-efficacy lead to improved clinical decision-making and an openness to try culturally appropriate interventions. With the increased rise of ethnocultural minorities across Canada, the development of robust multicultural competencies is a requisite skillset to provide inclusive, culturally-sensitive psychotherapy to improve client outcomes (Sue et al., 2013). The development and evolution of training programs that tap into self-efficacy is particularly important to equip therapists as the cultural landscape evolves. For example, therapists working in areas of the country with little cultural diversity that experience influxes of ethnocultural minorities.

## *2) Relationship between acculturation orientations (integrationist and individualist) and therapist self-reported multicultural competencies*

Research demonstrated that the higher a therapist's ethnic tolerance, the more harmonious the psychotherapeutic dyadic relationships, and the higher their multicultural ability (Constantine, 2002; Alexander et al., 2001). The following will outline the results for integrationist and individualist acculturation orientations for low and high groups.

### *Integrationist*

The findings in this study revealed that when therapists' integrationist acculturation orientation scores were lower than their clients, the acculturation was negatively correlated with



multicultural competencies using the MCI-R Overall, for all three of the domains investigated: culture,  $r(30) = -.48, p < .05$ ; values,  $-.53, p < .05$ , and employment,  $-.48, p < .05$ . For therapists' whose integrationist acculturation orientations were higher than their clients, acculturation was positively correlated with multicultural competencies, using both measures, the MCI-R Overall,  $r(30) = .80, p < .05$ ; and the CCCI-R Overall,  $r(30) = .79, p < .05$  for the culture domain only.

The results provide evidence for the relationship between psychologists' level of ethnic tolerance and their perceived multicultural competencies. In Bourhis et al.'s IAM (1997) model, the integrationist orientation of the host majority, which in this study is represented by psychologists, embodies acceptance of heritage cultural maintenance and the adoption of cultural elements of the host majority. The findings provide support for the hypothesis and reveal that the lower integrationist acculturation scores of psychologists, the lower their perceived level of multicultural competencies. Conversely, the higher psychologist acculturation orientation scores on the culture domain, the higher self-reported perceived multicultural competencies. High scores on the values and employment domains did not support the hypothesis. With respect to the values domain, *Immigrants should retain the values of their heritage culture and also adopt key features of Canadian values*, the results are not that surprising. Whereas cultural expression may be more overt, for example, in appearance, religious habits, or participation in cultural events (Bourhis et al., 1998), values are more covert, and are enmeshed with other person variables that are independent of cultural heritage, such as, age and socioeconomic status (Sue et al., 2013). Finally, as with Study 1, the employment findings may be linked to society's preference for employees conforming to workplace standards over individual beliefs and preferences.

### *Individualist*

The results for the individualist acculturation orientations of psychologists in relation to their self-reported multicultural competencies were mixed. Unexpectedly, there was a positive correlation between individualist culture variable for the low group (where the therapist's individualist score was lower than their clients) and multicultural competencies skills subscale of the MCI-R Skills,  $r = .83, p < .01$ . In other words, the lower the therapist acculturation individualist scores with respect to culture, the higher their perceived multicultural competencies. At first this correlation may seem counterintuitive, as it is even stronger for

therapists whose individualist scores are higher than their clients,  $r = 0.64$ ,  $p < .01$ . However, as seen with other individualist findings throughout this dissertation, the articulation of the individualist culture domain, *Whether immigrants maintain their cultural heritage or adopt the Canadian culture makes no difference to me because each person is free to adopt the culture of his/her choice*, had sometimes been problematic. The item may be perceived by the client as a lack of cultural sensitivity for their family structure and importance on their day to day lives, or how a client's heritage cultural expression may result in discrimination (Henderson Metzger et al., 2010).

In the values domain, low individualist acculturation scores were negatively correlated with self-reported multicultural competencies of psychologists using the MCI-R Overall measure,  $r(30) = -.61$ ,  $p < .05$ . These results suggest that the therapists who do not strongly adhere to the values individualist domain report lower multicultural competency ratings. The results were not statistically significant when the therapist highly endorsed the individualist acculturation values item.

### *Employment*

Finally, when therapists highly endorse the individualist employment domain, they reported higher perceived multicultural competence ratings, MCI-R Overall,  $r(30) = .41$ ,  $p < .05$ . The positive correlation between multicultural competencies and the acculturation individualist ratings for the employment domain (*“only the individual merits of the candidate should be considered, whether a candidate is an immigrant or Canadian”*), suggests that therapists endorse open and equitable hiring practices. Unlike the other acculturation individualist items examined in this dissertation, that appear to limit or misrepresent the impact that cultural heritage can have on ethnocultural minorities' daily experiences, in the form of transition stressors, discrimination, and wellbeing (Sue et al., 2013), the employment domain presents a different possibility. The individualist employment item is synergistic with Sue et al.'s (1998) multicultural competencies first dimension, *therapist awareness of own assumptions, values and biases*, because it signals that the therapist is cognizant of discrimination and oppression models, and is willing to acknowledge the importance of promoting inclusivity.



In sum, the findings for the association between multicultural competencies and integrationist acculturation orientation was supported for therapists whose integrationist scores were higher than their clients in the culture domain; and for therapists whose integrationist scores were lower than their clients in the culture, values and employment domains. These results provide some evidence that when therapist integrationist and individualist acculturation scores are lower than their ethnoculturally dissimilar clients, the lower the perceived self-reported multicultural competencies. Conversely, when acculturation integrationist and individualist acculturation orientations were higher than their clients, the higher the self-reported multicultural competencies.

### 3) *Relationship between psychotherapy dyad acculturation differences and client ratings of the working alliance*

Given that psychotherapy is a transactional process between therapists and their clients, understanding the client's perceptions is an important predictor of psychotherapy success (Fuentes et al., 2006; Owen et al., 2011). The psychotherapy dyadic score differences for integrationist and individualist acculturation orientations were correlated with client ratings of the working alliance.

Overall, the results were mixed with only partial support for the hypothesis. For the most part, the hypothesis was not supported as positive correlations between the integrationist acculturation orientations and the working alliance were found, but only for the low group, as demonstrated by the correlation between the working alliance (WAI Overall) with culture,  $r(30) = .58, p < .05$ ; and employment,  $r(30) = .54, p < .05$ . A similar pattern was found for the individualist acculturation orientation variables and the working alliance. Specifically, individualist culture was correlated with the working alliance (WAI-Overall),  $r(30) = 0.57, p > .05$  and the Goal subscale,  $r(30) = 0.57, p > .05$ . No statistically significant correlations were found for the values and employment domains. The findings suggest that lower therapist acculturation integrationist and individualist scores are correlated with higher client ratings of the working alliance. Although these findings are surprising, one possible explanation for this result is that clients may not have had sufficient time to develop a rapport with their therapist, as 25% of respondents

reported being in therapy for less than three months. The results may also be explained from a metrics perspective, as exploration of the individual acculturation domains may lead to very different findings than with a composite score of acculturation (Bourhis et al., 2005).

Interestingly, the only statistically significant finding, when therapists acculturation score was higher than their clients, was the relationship between client ratings of the working alliance task subscale and the individualist culture acculturation orientation,  $r(30) = 0.46, p < .05$ . This finding suggests that clients who do not highly endorse individualism, can still agree on tasks required to make progress on a therapeutic setting (Horvath et al., 1986; Sue et al., 2013), thus providing some support for this hypothesis.

#### *4 & 5) How multicultural competencies moderate the impact of a psychotherapy dyad acculturation mismatch on the working alliance*

A model where multicultural competencies moderated the effect of a possible acculturation mismatch on the working alliance in a clinical setting from both the perspectives of client and psychologist was tested. The findings provide some statistical support for the moderation model from both the client and therapist perspectives, particularly for the integrationist acculturation orientations.

#### *4) Psychologist Perspective*

##### *Integrationist*

The findings for therapists partially supported the hypotheses. By using two different multicultural competencies, the MCI-R Overall and the CCCI-R Overall revealed a consistent pattern for integrationists. More specifically, for both multicultural competencies measures, the interaction terms were significant for both the culture interaction term,  $R = .50, R^2 = .23, F_{(1,29)} = 8.9, p < .01$ , and the values interaction term  $R = .44, R^2 = .18, F_{(1,29)} = 6.57, p < .05$ . This finding provides support for the moderation model where high multicultural competence can buffer acculturation integrationist culture and values mismatches with clients. From a theoretical standpoint, therapist openness to culture and values are consistent and important factors in ethnic



tolerance, worldview understanding and increased self-reported perceptions of multicultural competencies (Constantine, 2002; Sue et al., 2013). The non-significant results with the integrationist employment item is not surprising as the employment item yielded orthogonal findings for both Studies 1 and 2. Also, as described above, it is conceivable that employment standards take on a greater role than ethnocultural heritage for all Canadians in the workplace.

### *Individualist*

The findings for individualist acculturation orientations did not support the research question. For both measures of multicultural competencies, the main effects and interaction models for all three domains (culture, values, and employment) were not significant. One plausible explanation is with respect to the articulation of the acculturation individualist items. While Bourhis' presentation of the individualist acculturation orientation was intended to represent a broad humanistic principle of acceptance, the evidence from this study does not appear to line up with the original conceptualization. As with Study 1, many participants may have interpreted the items with a traditional individualistic lens. In many cultures, the importance of collectivism, a distinguishing feature of non-Western philosophies, may not have been represented in the acculturation individualist items (Sue et al., 1998).

## *5) Client Perspective*

### *Integrationist*

From the client perspective, main effects were significant for integrationist acculturation orientations using the CCCI-R Overall for all three domains. The only statistically significant interaction model was for values,  $R = .27$ ,  $R^2 = .06$ ,  $F_{(1,29)} = 8.81$ ,  $p < .01$ . In the case of a psychotherapy dyad acculturation mismatch, higher perceived therapist multicultural competence can positively impact client ratings of the working alliance with respect to the values domain.

### *Individualist*

Similarly, for the individualist acculturation orientation, the main effects were significant for all three domains. The values interaction term was the only statistically significant individualist values domain,  $R = .87$ ,  $R^2 = .76$ ,  $F_{(1,29)} = 4.62$ ,  $p < .05$ . In the face of an individualist acculturation psychotherapy dyad mismatch with respect to values, a client's perceived ratings of their therapist's multicultural competence was related to higher working alliance scores. This finding might be a result of the sample that was comprised of university students who are more open to individualist, Western values than collectivist ones.

Taken together, in the face of acculturation orientation mismatches, client ratings of the working alliance were somewhat related to perceptions of their therapist's multicultural competencies. However, the hypothesis was not fully supported. Of particular importance are some issues with double-barreled items in the Immigrant Acculturation Scale (Ryder et al., 2000) that were addressed with the revised version (Bourhis et al., 2004) but may need additional investigation.

### *Psychologist and Client*

Although there was only partial support for therapist and client moderated models of acculturation and multicultural competencies on the working alliance, there is some consistency in the findings. In both therapist and client ratings, the integrationist acculturation orientations yielded significant results for the culture and values domains. As with Study 1, the results for the employment domain were inconsistent, signalling a potentially different outlook in this domain. Interestingly, there was no support for individualist acculturation orientations from the therapist perspective, and for clients, the only statistically significant finding was for the values domain. It has been suggested that individualist acculturation orientation may be perceived by clients as a perceived lack of cultural importance on the part of the psychologist. Despite the small sample size, these findings are promising as they provide support for buffering the potential negative outcomes of an acculturation orientation mismatch.



### 3.5 Conclusion

The findings from Study 2 provide evidence for the association between self-reported perceived self-efficacy and multicultural competencies of therapists, and the relationship between integrationist and individualist acculturation orientations, multicultural competencies and the working alliance from psychologist and client perspectives. This research is one of the very few to compare both host and immigrant acculturation orientations in a real-life setting.

In general, the strong correlation and predictive power of self-efficacy and multicultural competencies as reported by therapists is consistent with past research and an important factor to consider for psychotherapy multicultural training programs. The results also revealed a partial congruence between the psychologist and client perspectives. The similar pattern for integrationists from both psychologists and clients provides some support for multicultural competencies buffering an acculturation mismatch on the therapeutic working alliance. The pattern was consistent for culture and values domains only. Overall, the partial support for multicultural competence hypotheses and the relationship with integrationist and individualist acculturation orientations from client and therapist perspectives indicates further investigation is warranted.

The following will outline a few limitations of the study. Firstly, with respect to the methodology, although the use of the bootstrapping technique is considered acceptable with small samples, there are issues with potentially elevated Type 1 error (Mallinckrodt, Abraham, Wei, & Russell, 2006). As with Study 1, the strength of the multicultural competency relationships with acculturation and self-efficacy might be stronger in a study with greater controlled parameters in a non-correlational design. For example, increased knowledge about a client's time in therapy and the therapist's experience in working with a multicultural context would have been helpful. In addition, a mixed-method approach, including qualitative research, could have also been used with potentially different results (Morrow, Rakisha, & Castaneda, 2001; Ponterotto & Mallinckrodt, 2007). A second limitation is that the research relied on a retrospective account of the psychotherapy dyad working relationship. It is possible that the results would have been different if both clients and therapists had completed the questionnaires

immediately after a therapy session (Lambert et al., 2001). A third limitation of the study is related to the different data collection method utilized for the clients, which was online, and the paper data collection for therapists. The decision to use two different methods was based on convenience and may have yielded different results if both parties completed online forms. A fourth limitation is related to the acculturation orientation model and its use when a therapist identifies as an ethnocultural minority. In this case it is unclear which version of the acculturation measures the therapist should complete, the host or immigrant acculturation scales. However, in a psychotherapeutic context the psychologist is in a position of power with their client. Additional information about the ethnic identity of psychologists and clients is also an area that could be investigated in future studies, as well as measuring acculturation for Canadians of mixed heritage.

In conclusion, moderation models for psychologists and clients were partially supported by bootstrap confidence intervals. The congruency in response patterns for the psychotherapy dyads empirically demonstrates the true transactional nature of psychotherapy and the importance of these factors on the working alliance (Sue et al., 2013).



## CHAPITRE IV

### DISCUSSION GÉNÉRALE

#### 4.1 Overview

The purpose of this research was to examine the relationship between therapist self-efficacy, multicultural competencies and acculturation orientations on the psychotherapeutic working alliance. The first study investigated self-efficacy ratings for working in a diverse milieu variables, multicultural competencies and acculturation orientations with graduate students enrolled in psychology and counselling psychology training programs across Canada. The second study examined the aforementioned variables in relation to the working alliance from both the therapist and client perspectives in a clinical setting. More specifically, the moderation role of multicultural competencies on an acculturation dyad mismatch. This chapter is divided into four parts: original contribution, implications (theoretical, clinical and training), limitations, and future research.

#### 4.2 Original Contribution

There are several original contributions of this research. The following section will outline the contributions of both studies and contextualize the results with the literature. This research program was the first to link multicultural counselling literature to acculturation using the IAM framework from immigrant and host community perspectives.

Study one was the first study to use the IAM across Canada and with graduate students. Although the IAM host community and immigrant scales have been administered internationally, the measures were predominantly completed by undergraduate students. This study is unique in that it is the only bilingual study of Canadian graduate programs on perspectives of multicultural competencies in the mental health profession. It is also the first to use the IAM scales in a variety of settings; rural, urban and suburban. Previous research on the IAM was conducted in urban settings only. By broadening the scope of settings, this research study provides insight into acculturation orientations with therapists in training who have interned in settings with a range of perspectives on ethnocultural diversity.

Study two examined the moderation effect of multicultural competencies of harmonious and discordant acculturation orientations on the psychotherapy dyad working alliance. This is the first study to test both host and immigrant acculturation perspectives of the IAM in a real life clinical setting. The use of the IAM in a real life setting is a unique contribution to the literature as it provides much needed understanding into the interaction of acculturation orientations of both host and immigrant community perspectives. It is also the first time the IAM model was used as a perspective on worldview of therapist and their clients. This research provides insight into how discordant acculturation orientations can be mitigated through the use of effective multicultural competencies to improve mental health outcomes. As a result, study two advances the research agendas of acculturation and multiculturalism with implications for improving training programs for the mental health profession.

#### 4.3 Implications

One of the main goals of this research was to link multicultural counselling research with acculturation work in psychology. In particular, to examine these constructs in the context of two common factors; (1) the relationship between the client and therapist; (2) worldview understanding. The following section will summarize the theoretical, clinical and training implications of the research presented in this dissertation.

##### *Theoretical implications*

While general psychologist self-efficacy correlates positively with indices of therapist performance (Larson et al., 1998; Lent, et al., 2003); there is very little empirical data that specifically report on cross-cultural psychotherapy performance. The results from both studies provide empirical evidence of the strong association between psychologist self-efficacy related to working in a diverse milieu and multicultural competencies. MCI-Skill subscale explained 26% of the variance and the CCCI-R Overall explained 39% of the variance.

A longstanding debate in the psychotherapy research literature is whether multicultural competencies are really greater than general psychotherapy effectiveness (Ponterotto et al.,



2007). The results in this dissertation provide additional empirical support for multicultural competencies as a distinct specialized skillset for therapists. The findings also provide theoretical support for the moderation or buffer impact of the multicultural competencies of acculturation orientation mismatches on the working alliance; especially since the findings were from both psychologist and client perspectives.

### *Psychotherapy Process Implications on the Working Alliance*

The IAM was employed as an aspect of worldview understanding in a psychotherapy context because it allows for the examination of interactions of ethnoculturally diverse psychotherapy dyads. The IAM incorporates socio-political policies, immigrant and host community groups' acculturation orientations, and the relational outcomes at the interpersonal and intergroup levels, which result from combinations of immigrant and host community acculturation orientation orientations. The model provides an aspect of worldview understanding, especially with the various choices of domains to explore from both host and immigrant perspectives. While the findings from this research provide support for the use of the IAM in a psychotherapy context, particularly for integrationists, the results were mixed for individualist acculturation orientations. Given that this is the first time the IAM model was used in a psychotherapy context, it may be worthwhile to incorporate all the domains, i.e., language, endogamy/exogamy, housing, etc. The additional domains may provide a more comprehensive portrait of acculturation orientations.

Results from both studies were consistent with previous research that respondents in university settings are more likely to endorse integrationist and individualist acculturation orientations than any other orientation (Sadfar et al., 2008). Psychologists in training also endorsed integrationist and individualist acculturation orientations for the culture and values domain. Interestingly, only for the employment domain, did graduate students and therapists endorse assimilationist acculturation orientations. This finding is an original contribution to the literature because it demonstrates the complex nature of acculturation with respect to employment. The results may be due to the item wording, which some may interpret as related to often controversial affirmative action practices. The employment results for both studies also imply that despite varying levels of multicultural competence, the distinctness of the employment domain warrants

further investigation. Due to the importance of employment in the lives of Canadians, developing a better understanding of acculturation orientations with respect to this domain from both perspectives of immigrant and host majority communities is of interest.

Overall, the research provides evidence for important constructs related to psychotherapy dyad harmonious working alliance. The results indicate that self-reported self-efficacy from psychologists predict multicultural competency ratings; that high acculturation integrationist endorsement is correlated with higher psychologist self-reported multicultural competencies; and that multicultural competencies moderated the effect of a psychotherapy dyad acculturation mismatch on the working alliance from both therapist and client perspectives.

The consistent finding across both studies with respect to the relationship between multicultural competencies and integrationist and individualist acculturation orientations on the working alliance, raises several theoretically relevant issues. Firstly, since the results are consistent with two separate measures of multicultural competencies, highlights the need to further explore the individualist acculturation orientation. Unlike the integrationist acculturation orientation, which is grounded in integrative psychotherapy practices, the individualist acculturation orientation does not appear to place importance on cultural membership, but individuals as members of the human race. This is significant for individualists, as the inability to develop productive psychotherapeutic working alliance increases the likelihood of client premature termination. From the client perspective, the only statistically significant interaction model for individualists was for the values domain. This result may have to do with the specific domain. In particular, more practical components of the individualist expressions of domains may not be equivalent to integrationists, or may not be attainable.

However, unlike Berry's seminal work on the bidimensional model of acculturation (Berry, 1997), Bourhis et al.'s (1997) IAM model included an additional acculturation orientation, the individualist orientation. It can be hypothesized that individualist may be an aspirational acculturation orientation that is difficult, if not, impossible to attain. The theoretical notion of being culture-blind contradicts Sue et al.'s (1982) guidelines for psychologists establishing a productive working alliance with ethnic minority clients. According to Sue and colleagues



(2013), the individualist acculturation orientation may signal a therapists' lack of exploration of personal cultural heritage and values towards immigration and diversity. It may also indicate a psychologist's lack of understanding of family structures in non-Western cultures (Sue et al., 1998).

### *Clinical and training implications*

Clinical and training implications of this research are related to the role of psychologists' qualities and the use of the IAM model as an aspect of worldview understanding. With respect to psychologist self-efficacy for working in a culturally diverse milieu and multicultural competencies, the measures have implications for training programs interested in investigating initial and follow-up perceptions of effective psychologist qualities. The self-ratings can be used to gauge progress and explore additional interventions to raise confidence and build multicultural competencies. In addition, parallel client measures may be compared to psychologist self-ratings in relation to the working alliance. The results can then be aggregated and used to assist graduate students and therapists who need additional development for working in a multicultural environment. A third possibility can be explored in a supervisory capacity with the CCCI-R measure of multicultural competencies, that allows for a third party assessment (Lafromboise et al., 1991).

Acculturation is a pivotal construct in understanding inter-ethnic attitudes and the IAM has the potential for training and clinical settings. Firstly, the IAM can be used as measures of intercultural attitudes and acculturation orientation per domain. Use of the IAM in introductory or intermediary multicultural training sessions may assist trainer and trainees to assess and explore values, attitudes and perceptions of immigration issues. Given the high proportion of individualists in university settings, this measure has training implications for the further development of interventions that allow for follow-up psychologist cultural identity exploration. The second training implication is that relational outcome predictions can be used to help both practicing and therapists in training to more quickly tap into values and transitioning issues of their ethnic minority clients. The development of incremental multicultural training that builds

on the acculturation orientation strategies could be beneficial in micro skills development for both therapists in training and clients.

At a global level, the findings of this research show that multicultural competencies have implications that go beyond general therapist competencies. Further examination of acculturation, multicultural competencies and the working alliance can lead to enhanced therapist competencies and inclusive services for all Canadians. The research signals important areas for therapists to deepen the understanding of foundational core competencies of psychologists (Kaslow et al., 2009). Clinical and training outcomes could be improved in the areas of assessment and evaluation, research, ethical standards and interventions and consultation. Assessment, evaluation and research have been greatly impacted by the empirically supported treatment (EST) movement. The EST movement has been criticized for excluding, and often misrepresenting the role of culture in normative behaviors, leading to concerns about ethical treatment of ethnocultural minorities in psychotherapy (Atkinson et al., 2001). This dissertation presents a model and evidence of an alternative statistical methodology that can be used to examine ethnically dissimilar psychotherapy dyads with small sample sizes in clinical and research settings. Ethnic matching was considered one of the best strategies for working with ethnocultural minorities (Farsimadan et al., 2007). However, recent evidence suggests that there are no clear treatment outcome benefits (Cabral et al., 2011), making the case for training and clinical interventions to develop multicultural competencies and an understanding of how person qualities of psychotherapy dyads can positively strengthen the working alliance. In addition, provides a more robust ethical argument for the provision of equitable and inclusive mental health services.

#### 4.4 Limitations

The following section outlines the limitations of this dissertation. Overall, both multicultural competency and acculturation orientations are complex constructs. The research design of this dissertation is correlational, with inherent constraints related to the possible conclusions and generalizability of the findings. Additional information about the efficacy of different methodological techniques, such as, the use of a mixed-method approach with culturally adapted



and appropriate interventions would be of interest to practitioners and researchers. The second global limitation is with respect to the fact that this research did not explore the concept of ethnic identity, and more specifically, individualist versus collectivism identity orientation or multiple identities. Ethnic identity is often explored in psychotherapy process research and considered an important variable from both client and psychologist perspectives. The inclusion of individualism versus collectivism orientations would have also added an interesting window in worldview understanding and comparison to the acculturation individualist orientation. An additional limitation is with respect to the lack of questioning regarding multiple ethnic identities (Sinacore et al., 2011). According to Statistics Canada (2013), multiple ethnic identities is becoming more prevalent in census reporting and also more commonly explored in psychotherapy settings. The third global limitation is that the research was conducted in a university setting. Although this research was used with populations other than undergraduate students, conducting the research in additional settings and populations would also add to the generalizability of the findings.

The following outlines some specific limitations with Study 2. While Bourhis's IAM model offers host community and immigrant perspectives on acculturation, the model may need to be adapted for second and third generation Canadians. In the research it was assumed, based on the demographic questionnaire that the therapist was part of the host majority. It is plausible that it is not always clear which version of the acculturation measures the therapist should complete, the host or immigrant acculturation scales.

Study 2 also asked clients and therapists to provide a retrospective account of the psychotherapy dyad working relationship. With advances in psychotherapy progress monitoring research that allows for real-time computing of client feedback, different results would be expected if the questionnaires were completed immediately after a session (Lambert et al., 2001). One of the issues with the research design was that length of time elapsed between questionnaire completion and therapy sessions varied for the psychotherapy dyads.

From a statistical perspective, bootstrapping with confidence intervals was used to calculate the statistical probability and testing of the hypotheses due to the small sample size. Although

bootstrapping is an acceptable methodological technique for ethnocultural analyses, the generalizability of the results are limited (Frazier, Tix, & Barron, 2004) and there are some methodological concerns regarding susceptibility of Type I error ((Mallinckrodt et al., 2006). A larger sample size and data from multiple clinical settings would add to the generalizability of this study. However, given the ethical concerns about providing inclusive psychotherapy to all Canadians, the use of the bootstrapping technique to investigate these issues is acceptable (Mallinckrodt et al., 2006) and other statistical modelling techniques should also be used when appropriate.

#### 4.5 Future Research

The results from this dissertation provide evidence for a moderated model of multicultural competence to counteract the potential negative outcome of an acculturation orientation mismatch on the working alliance. Future research can be expanded on a theoretical level and further examine training and clinical outcomes.

On a theoretical level, the inclusion of an ethnic identity measure, additional worldview components and identification to multiple ethnic identity endorsement would complement the research to further advance the understanding of effective psychotherapy in a diverse setting, and address the reality of the Canadian demographic landscape. Further investigation into acculturation measurement, such as comparison across the acculturation orientations (assimilationists, marginalists, etc.) and over generations would also be of interest. For example, third generation ethnic Canadians may in some instances feel like they are part of the host majority but not in others. The results from both studies also revealed the complexity of acculturation attitudes across domains. Particular attention should be paid to the employment variable as it can have great significance on the Canadian demographic landscape and public policy related to controversial topics such as, reasonable accommodation, immigration policies and hiring practices. Employment opportunities have served as a significant motive for global mobility. Whether migration is for temporary, insertion or maintenance reasons will have an impact on the psychological strategies used by both the host community, sojourners and immigrants.



On a practical level, future studies conducted in multiple settings and with larger sample sizes would speak to the generalizability of the results and assist with advancing training and clinical intervention outcomes. Further research on the role of worldview understanding in training settings, would help equip therapists to identify culturally appropriate and effective strategies. While acculturation is often linked to health outcomes, expansion of this research to examine actual client outcomes would advance the psychotherapy literature.

#### 4.6 Conclusion

Establishing a strong working relationship and worldview understanding amongst psychotherapy dyads are important factors that impact psychotherapy relationship effectiveness. These factors are especially important for ethnoculturally diverse clients who show poorer psychotherapy outcomes, in particular, premature termination. The results of this research demonstrated that multicultural competencies can enable psychologists / therapists to better establish productive working alliances with their ethnoculturally diverse clients, and that the IAM model provides insights into the psychotherapeutic working relationship.

**APPENDICE A :****Liste de compétences multiculturelles**



## **Dimension 1: Counselor Awareness of Own Assumptions, Values and Biases**

Culturally skilled counselors are actively in the process of becoming aware of their own assumption about human behavior, values, biases, preconceived notions, personal limitations, and so forth. They understand their own worldviews, how they are products of their cultural conditioning, and how this may be reflected in their therapeutic work with culturally different groups. Counselor self-awareness is manifested in (a) beliefs and attitudes, (b) knowledge, and (c) skills. (The following is adapted from Sue, Arrendondo & McDavis, 1992.)

### **Beliefs**

1. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences.
2. Culturally skilled counselors are aware of how their own cultural background and experiences, attitudes, values, and biases influence psychological processes.
3. Culturally skilled counselors are able to recognize the limits of their competencies and expertise.
4. Culturally skilled counselors are comfortable with differences that exist between themselves and clients in race, ethnicity, culture, and beliefs.

### **Knowledge**

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality-abnormality and the process of counseling.
2. Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and in their work. This allows them to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism (White identity development models).
3. Culturally skilled counselors possess knowledge about their social impact on others. They are knowledgeable about communication style differences, how their style may clash or facilitate the counseling process with minority clients, and how to anticipate the impact it may have on others.

### **Skills**

1. Culturally skilled counselors seek out educational, consultative, and training experiences to enrich their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these.
2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity.



## **Dimension 2: Understanding the Worldview of the Culturally Different Client**

Culturally skilled counselors actively attempt to understand the worldview of their culturally different clients without negative judgments. It is crucial that counselors understand and share with respect and appreciation the worldviews of their culturally different clients. This does not imply that counselors have to hold the worldviews of their clients, but that they can accept them as another legitimate perspective.

### **Beliefs and Attitudes**

1. Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups; these reactions may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.
2. Culturally skilled counselors are aware of the stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

### **Knowledge**

1. Culturally skilled counselors possess specific knowledge and information about the particular group with which they are working. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the “minority identity development models” available in the literature.
2. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.

### **Skills**

1. Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. They should actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills.
2. Culturally skilled counselors become actively involved with minority individuals outside counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

## **Dimension 3: Developing Appropriate Intervention Strategies and Techniques**

Culturally skilled counselors are in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with the culturally different clients. Studies consistently reveal that counseling effectiveness is improved when counselors use modalities and define goals consistent with the life experiences and cultural values of clients.



### **Attitudes and Beliefs**

1. Culturally skilled counselors respect clients' religious beliefs and values, spiritual beliefs and values, or both about physical and mental functioning.
2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic help-giving networks.
3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).

### **Knowledge**

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.
2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.
3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of clients.
4. Culturally skilled counselors have knowledge of minority family structures, hierarchies, values, and beliefs. They are knowledgeable about the community characteristics and the resources in the community as well as the family.
5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and the community level that may be affecting the psychological welfare of the population being served.
6. The culturally skilled psychologist or counselor has knowledge of models of minority and majority identity and understands how these models relate to the counseling relationship and the counseling process.

### **Skills**

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to send and receive both verbal and nonverbal messages accurately and appropriately. They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.
2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in others (the concept of healthy paranoia), so that clients do not inappropriately blame themselves.
3. Culturally skilled counselors are not averse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.

4. Culturally skilled counselors take responsibility for interacting in the language requested by the client; this may mean appropriate referral to outside resources. A serious problem arises when the linguistic skills of the counselor do not match the language of the client. This being the case, counselors should (a) seek a translator with cultural knowledge and appropriate professional background or (b) refer to a knowledgeable and competent bilingual counselor.
5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients.
6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluations and providing interventions, and should develop sensitivity to issues of oppression, sexism, and racism.
7. Culturally skilled counselors take responsibility for educating their clients to the processes of psychological intervention such as goals, expectations, legal rights, and the counselor's orientation.
8. The culturally skilled psychologist or counselor can tailor his or her relationship building strategies, intervention plans, and referral considerations to the particular stage of identity development of the client, while taking into account his or her own level of racial identity development.
9. Culturally skilled counselors are able to engage in psychoeducational or system intervention roles, in addition to their clinical ones. Although the conventional counseling and clinical roles are valuable, other roles such as the consultant, advocate, adviser, teacher, facilitator of indigenous healing, and so on may prove more culturally appropriate.

Taken from *Multicultural Counseling Competencies: Individual and Organizational Development* (Sue et al., 1998, pp. 38-42).



## APPENDICE B

Lettre de recrutement pour institutions (anglais et français)

Dear colleague,

I am writing on behalf of my doctoral student in psychology, Lina Di Genova, who is currently conducting an on-line study on multicultural competencies of trainees in applied psychology programs for her thesis. I would like to ask your permission to forward an email invitation to graduate students in your program who have started their applied training to participate in her research.

The results of this study could be of great interest to your department. They will examine the ability of students to work with a culturally diverse clientele. My student will communicate the results of the study to you at the end of the research process. It is important to note that the participants and their affiliated institutions will not be identified in the report or in any publications; only aggregated data will be reported. You will however receive a brief report comparing your institution to other participating institutions grouped together.

You will find attached an executive summary of the research. This research project has received approval from the ethics committee of our institution.

Please do not hesitate to contact me for further details.

Best regards,

***Mona Abbondanza Ph.D., psychologist***



## Doctoral Research Project - Executive Summary

**Project Title:** An Examination of Acculturation, Multicultural Counselling Competencies and Intercultural Effectiveness

**Principal Investigator:** Lina Di Genova, Doctoral Student, Department of Psychology, Université du Québec à Montréal

**Thesis Supervisor:** Mona Abbondanza, PhD, Psychologist, UQÀM

**Rationale:** Canadian university student populations are becoming increasingly diverse. A recent study by Statistics Canada (2008) found that first generation Canadians have higher educational aspirations and are enrolling in university programs at a faster rate than other Canadians. As a result of the increased diversity, there is a growing need for therapists who can work effectively with a diverse student body.

To date, the relationship between personal characteristics of therapists and multicultural competence have yet to be explored. Personal attitudes related to immigration have been linked to behavioural outcomes, such as, the working alliance. In this study, acculturation profiles will be used to examine immigration attitudes. Outcomes that will be examined include multicultural competence and satisfaction with the advising relationship.

The **goals** of this research are:

- 1) to investigate the relationship between acculturation profiles, multicultural counseling competencies and perceived self-efficacy among therapists; and
- 2) to examine acculturation profiles, multicultural counselor competence and efficacy of the counseling relationship of pairs of therapist and visible-minority immigrant clients in a counselling context.

**Methodology:** The research is divided into two studies.

**Study 1:** In the first study, student trainees enrolled in graduate programs in psychology will be invited to complete a 30 minute online questionnaire. Ideally, students invited to participate should have some practical psychotherapy experience; for example, have completed at least one internship. Graduate students will be invited to participate via a letter of invitation sent from the department chair **on behalf of the research team**.

**Study 2:** In this study therapists and visible minority immigrant students will be asked to complete online questionnaires that will take approximately 30 minutes to complete. In order to be eligible for the study, students must be active clients or have worked with the therapist during the current academic year. Recruitment for this study will first consist of contacting educational institutions for their permission to execute the research.

Participants will be invited to participate in online research which will be password protected. Responses will remain confidential. Therapist names will be used to match the student client with their therapist.

### **Data Management**

No nominative information will be shared with any third party, educational institutions, therapists or clients. Only aggregate results will be shared. Once the data from therapists and

students has been linked, the names will be deleted from the database and replaced with a unique randomly generated number. The data collected will be stored in a dataset that is password protected that will only be accessible by the research team.

## **Contributions**

Furthering the advancement of understanding in

- intercultural effective behaviour
- the therapist-client relationship
- factors that contribute to effective therapists in ethnoculturally diverse contexts



Cher collègue,

Je vous écris pour solliciter votre collaboration et votre permission pour mon étudiante doctorale en psychologie, de contacter par courriel les étudiantes et étudiants gradués de votre programme, qui ont débuté le cheminement dans les stages en psychologie, pour solliciter leur participation à une recherche en ligne.

Les résultats à venir de cette étude pourraient intéresser fortement votre département, puisqu'ils porteront sur les habiletés de vos étudiantes et étudiants en formation à travailler avec une clientèle diverse au plan culturel. Mon étudiante doctorale Lina DiGenova s'engage à vous communiquer ces résultats à la fin du projet. Les répondants ou leur institution affiliée ne seront identifiés dans aucun rapport ou publication résultant de ce projet; seules les données agrégées seront rapportées. Vous recevrez un court rapport global dans lequel les résultats de votre institution seront comparés à ceux des institutions participantes.

Vous trouverez ci-joint une lettre explicative du projet lui-même.

N'hésitez pas à communiquer avec moi dans les jours à venir si vous désirez plus de détails sur ce projet.

Espérant votre collaboration,

Bien à vous,

***Mona Abbondanza Ph.D., psychologue***

### Projet de recherche doctoral - Résumé

La diversité de la population étudiante universitaire canadienne s'accroît. Une recherche de Statistique Canada (2008) indique que les Canadiens de première génération aspirent davantage à poursuivre des études universitaires et s'y inscrivent en plus grand nombre que les autres Canadiens. Il en résulte un besoin croissant de conseillers/psychologues universitaires habiletés à travailler avec une population étudiante diverse.

La relation entre les caractéristiques personnelles des psychothérapeutes / psychologues et leur compétence à travailler auprès d'une population diverse reste à explorer. Les attitudes personnelles envers l'immigration influencent certains comportements, telle la performance au travail. Dans la présente étude, nous examinerons plus précisément les «orientations d'acculturations» des conseillers/psychologues participants à notre recherche. Nous examinerons le lien entre leurs orientations d'acculturations et deux variables : les compétences interculturelles et la satisfaction à travailler avec une clientèle diverse.

Les objectifs de la recherche :

- 1) faire l'étude de la relation entre les orientations d'acculturations, les compétences interculturelles et la perception d'efficacité personnelle chez les psychothérapeutes / psychologues.
- 2) Étudier les orientations d'acculturation, les compétences interculturelles et l'efficacité de la relation d'aide auprès de duos de psychothérapeutes / psychologues et clients de la diversité.

### Méthodologie: La recherche se divise en deux parties.

**Étude 1:** Dans la première étude, les étudiantes et étudiants gradués en formation dans les programmes en psychologie seront invités à remplir un questionnaire en ligne de 30 minutes. Idéalement, les étudiantes et étudiants participant à la recherche devraient avoir une certaine expérience pratique; par exemple avoir complété un stage. Les étudiantes et étudiants seront invités à participer à la recherche via une lettre d'un membre de la direction de leur département.

**Étude 2:** Dans la seconde étude, les psychothérapeutes / psychologues et leurs clients étudiantes et étudiants de la diversité seront sollicités pour répondre à un questionnaire en ligne de 30 minutes. Afin de pouvoir participer, les étudiantes et étudiants devront être des clients actifs ou avoir été un client actif au cours de l'année académique en cours. La demande de participation à la recherche sera faite d'abord auprès des institutions universitaires afin d'obtenir leur permission.

Les participants seront invités à participer à une recherche en ligne protégée par un mot de passe. Les réponses demeureront confidentielles. Le nom des psychothérapeutes / psychologues seront utilisés pour former les duos psychothérapeutes / psychologues et clients de la diversité.

### Gestion des données

Aucune information nominative ne sera divulguée à une tierce partie, une institution, les psychothérapeutes / psychologues ou les clients. Seules les données agrégées seront partagées. Une fois le duo établi entre psychothérapeutes / psychologue et client, les noms seront effacés de la base de données et remplacés par un nombre sélectionné de manière aléatoire. Les données seront protégées par un mot de passe connu seulement par les membres de l'équipe de recherche.

### Contributions

Contribuer à l'avancement des connaissances dans les domaines suivants :

- comportement interculturel efficace
- la relation psychothérapeutes -client
- les facteurs qui contribuent à devenir un bon psychothérapeute / psychologue en situation de diversité



## APPENDICE C

Questionnaire étude 1 – version en anglais

*Non-autorisé pour la diffusion en ligne*

## APPENDICE D

Questionnaire étude 1 – traduction française

**Non-autorisé pour la diffusion en ligne**



## APPENDICE E

### Étude 2 lettre de recrutement –clients

**From:** Psychological Service Centre

**Reply to:** RESEARCH ASSISTANT

**Subject:** Research Opportunity: Online Psychological Study on Intercultural Attitudes

Hello,

Below is an invitation to participate in a doctoral research project.

Kind regards,

Psychological Service Centre

---

Dear Student,

I am writing to invite you to participate in a research project on intercultural attitudes. The goal of this study is to gain a better understanding of effective multicultural counselling practices. This research is a doctoral dissertation by me, Lina Di Genova, under the supervision of Professor Mona Abbondanza, PhD, Psychologist (Université du Québec à Montréal). Agreeing or refusing to participate in the study will not affect the services provided by the Psychological Service Centre.

**The online survey:**

- *includes items related to your cultural values and opinions about the quality and satisfaction of your psychotherapeutic relationship.*
- *takes approximately 20 minutes to complete.*

***Participants will be entered into a draw for a chance to win \$100. Odds of winning are 1 in 20!***

**You are eligible to participate if:**

- *One or more of your parents were born outside of Canada -OR- You are an immigrant to Canada*

**Participation involves:**

1. Contacting the research team to learn more about the project by replying to this email message
2. Reading and agreeing to the informed consent form
3. Completing an online questionnaire (available in English and French!)

We request that you complete the questionnaire with your current therapist in mind. Your therapist will also be asked to complete a similar survey with you in mind. **Your participation in this research is voluntary.** You may withdraw from the study at any time without penalty of any kind. Your responses and that of your therapist will remain confidential. Only the research team will have access to the information. Your therapist will not receive any data or information regarding your responses.

**Research Ethics Approval and Contact Information:**

This research project has been approved by UQAM's Department of Psychology Ethical Committee for Research involving Human Subjects. Should you have any questions about this research project please contact Ms. Lina Di Genova at [digenova.lina@courrier.uqam.ca](mailto:digenova.lina@courrier.uqam.ca) or Professor Mona Abbondanza at [abbondanza.mona@uqam.ca](mailto:abbondanza.mona@uqam.ca) / (514) 987-3000, extension 1398.

Thank you,

Lina Di Genova



## APPENDIX F

Lettre de consentement – clients

### **Letter of Information and Consent to Students**

The goal of this study is to gain a better understanding of effective multicultural practices. This research is a doctoral dissertation by Ms. Lina Di Genova, under the supervision of Professor Mona Abbondanza, PhD, Psychologist (Université du Québec à Montréal).

**What your participation entails:** If you agree to participate, your involvement will consist of:

- 1) *confirming that you have read this Letter of Information and agree to participate in this study;*
- 2) *returning this completed form with your name and the name of your therapist from the Psychological Service to Centre ;*
- 3) *Once your form is returned, a web-survey link will be emailed to you.*

The 20 minute online questionnaire includes items related to your cultural values and opinions about the quality and satisfaction of your psychotherapy relationship.

**Your participation in this research is voluntary.** You may withdraw from the study at any time without penalty of any kind. If you do not wish to answer a question, please skip to the next one. We request that you complete the questionnaire with your current therapist in mind. Your therapist will also be asked to complete a similar questionnaire with you in mind. Your data and that of your therapist will be linked by pairing your names.

Your responses and that of your therapist will remain confidential. Your therapist will not receive any data or information regarding your responses. Please be assured that you will not be identified in any reports or publications resulting from this project; only aggregate data will be reported. Once client and therapist information is linked, names will be deleted from the database and replaced with randomly generated codes. The data collected will be stored in a password protected database that will only be accessible by the research team.

**At the end of the study, participants will be eligible to enter a prize draw for \$100.** The prize draw information will NOT be linked to your responses.

**Participation in this research poses no greater risk than can reasonably be expected by those encountered in your psychotherapeutic interactions. However, data collected through the instruments will ask questions that may be sensitive and evoke emotional responses.**

#### **Research Ethics Approval and Contact Information:**

This research project has been approved by UQAM's Department of Psychology Ethical Committee for Research involving Human Subjects. Should you have any questions about this research project please contact Ms. Lina Di Genova at [digenova.lina@courrier.uqam.ca](mailto:digenova.lina@courrier.uqam.ca) or Professor Mona Abbondanza at [abbondanza.mona@uqam.ca](mailto:abbondanza.mona@uqam.ca) / (514) 987-3000, extension 1398.

Participants can also contact Ethics Officer, at

Thank you,

Lina Di Genova



**Letter of Information and Consent to Students**

I agree to participate in this study and have read the consent information on the previous page.

First Name: .

Last Name: [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

Please indicate your therapist's name: [Click here to enter text.](#)

Once you have completed this form, please email it to: RESEARCH  
ASSISTANT

Thank you!

## APPENDICE G

Questionnaire étude 2 – clients

**Non-autorisé pour la diffusion en ligne**



## APPENDIX H

Lettre de consentement – psychologues / psychothérapeutes

## **INFORMED CONSENT TO PARTICIPATE IN RESEARCH – THERAPIST FORM**

**Project Title:** An Examination of Acculturation, Multicultural Counselling Competencies and Intercultural Effectiveness

**Principal Investigator:** Lina Di Genova, Doctoral Student, Department of Psychology, Université du Québec à Montréal

**Thesis Supervisor:** Mona Abbondanza, PhD, Psychologist, UQÀM

### **1. Purpose:**

The goal of this study is to examine acculturation, multicultural competence and *the quality and satisfaction of client-therapist dyad relationships*.

### **2. What your participation entails:**

- \* Reading and completing this informed consent form.
- \* Completing a one-time 15 minute questionnaire about acculturation and general attitudes (enclosed).
- \* Completing short forms about your working relationship with specific clients in mind. The number of forms you will be invited to complete will depend on the number of your clients who participate in the client portion of this study. Each individual client forms take approximately 3-5 minutes to complete.

### **3. Procedures:**

Your participation in this study is voluntary. If you choose to participate, please return your completed informed consent form, general questionnaire and client-specific forms in the drop-off box labeled “Lina’s Research Box” located in the front desk area.

- \* The general questionnaire may be completed at any time during the data collection period. The deadline to return the general questionnaire is June 15, 2012.
- \* We ask that you complete and return the client-specific forms in the drop-off box shortly after they are delivered to your internal mailbox.
- \* The client-specific forms include a post-it note with the name of your client. Please complete the form with the specific client whose name appears on the post-it note in mind. Your client will also be asked to complete a similar questionnaire with you in mind. To maintain anonymity and confidentiality please detach and destroy the post-it note from the form before returning it to the research team.
- \* Your responses and that of your client will remain confidential. Ms. Di Genova will not know the identity of the therapists who complete the forms or general questionnaire. A neutral third party with no connection to the Psychological Service Centre will link the therapist-client information. No one in the Psychological Service Centre will have access to the opinions you express as a participant of this study. All forms will be delivered to the Psychological Service Centre front desk in a sealed and signed envelope to be opened by a member of the Psychological Service Centre for distribution to the therapists.
- \* Once the therapist-client dyad information is linked, the original key will be destroyed and replaced with randomly generated codes. The results of this study may be presented at research conferences, in a doctoral dissertation and journals.



**Research Ethics Approval and Contact Information:**

- \* This research project has been approved by UQAM's Department of Psychology Ethical Committee for Research involving Human Subjects.
- \* Should you have any questions about this research project please contact:
  - Ms. Lina Di Genova at [digenova.lina@courrier.uqam.ca](mailto:digenova.lina@courrier.uqam.ca)
  - Professor Mona Abbondanza at [abbondanza.mona@uqam.ca](mailto:abbondanza.mona@uqam.ca) / (514) 987-3000, extension 1398

**4. Conditions of participation**

- \* I understand the purpose of this study. Participation in this research poses no greater risk than can reasonably be expected by those encountered by therapists and clients in their everyday professional relationships and that the questions may evoke emotional responses.
- \* I understand that my participation in this research is voluntary. I may withdraw from the study at any time without penalty of any kind.
- \* I understand how confidentiality will be maintained during this research.
- \* I understand the anticipated uses of the data and that the publication and communication of the results will be reported in aggregate form only, ensuring that anonymity is maintained.

**Name (please print) :**

---

**Signature:**

---

**Date:** \_\_\_\_\_

**Thank you for participating in this research!**

## APPENDICE I

Questionnaire étude 2 – psychologues / psychothérapeutes

**Non-autorisé pour la diffusion en ligne**



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